

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 SEP -8 AM 11:46
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Americana

ADDRESS (number and street)

5 Arredanda Ave



Check if different than previously reported. (ACC)

St Augustine

FL

32080

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00581322

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

01 / 01 / 2017

through

06 / 30 / 2017

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

Fredrick J. Wainio, Jr.

Signature of Treasurer

[Handwritten Signature]

Date

08 / 31 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Americana

Report Covering the Period: From:

01 ' 01 ' 2017

To:

06 ' 30 ' 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017	2017	2060.16
(b) Cash on Hand at Beginning of Reporting Period.....	2060.16	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2060.16	2060.16
7. Total Disbursements (from Line 31).....	1200	1200
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2048.16	2048.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	34000	

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

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Americana

Report Covering the Period: From:

01' 01' 2017

To:

06' 30' 2017

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).....

0.00

0000

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.00

0.00

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)).....▶

0.00

0.00

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

0.00

0.00

2017-06-30 10:00 AM

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	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	12.00	12.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12.00	12.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	12.00	12.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12.00	12.00

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12.00	12.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-12.00	-12.00

NON-PROFIT CORPORATION

**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)

PAGE OF

21b 22 23 26 27
 28a 28b 28c 29 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)

American

Full Name (Last, First, Middle Initial)

A. Harbor Community Bank

Mailing Address

PO Box 365

City

Indiantown

State

FL

Zip Code

34956

Purpose of Disbursement

Bank charge

Candidate Name

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

01 31 2017

FEC Identification Number

C

Amount of Each Disbursement this Period

2.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Harbor Community Bank

Mailing Address

PO Box 365

City

Indiantown

State

FL

Zip Code

34956

Purpose of Disbursement

Bank charge

Candidate Name

000

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

02 28 2017

FEC Identification Number

C

Amount of Each Disbursement this Period

2.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Harbor Community Bank

Mailing Address

PO Box 365

City

Indiantown

State

FL

Zip Code

34956

Purpose of Disbursement

Bank Charge

Candidate Name

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

03 31 2017

FEC Identification Number

C

Amount of Each Disbursement this Period

2.00

Memo Item

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

6.00

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)						PAGE	OF	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)

A. Full Name (Last, First, Middle Initial) <u>Harbor Community Bank</u>		Date of Disbursement <u>04 30 2017</u>
Mailing Address <u>PO Box 365</u>		
City <u>Indiantown</u>	State <u>FL</u>	Zip Code <u>34956</u>
Purpose of Disbursement <u>Bank charge</u>		FEC Identification Number <u>C</u>
Candidate Name		Amount of Each Disbursement this Period <u>2.00</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State:	District:	

B. Full Name (Last, First, Middle Initial) <u>Harbor Community Bank</u>		Date of Disbursement <u>05 31 2017</u>
Mailing Address <u>PO Box 365</u>		
City <u>Indiantown</u>	State <u>FL</u>	Zip Code <u>34956</u>
Purpose of Disbursement <u>Bank charge</u>		FEC Identification Number <u>C</u>
Candidate Name		Amount of Each Disbursement this Period <u>2.00</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State:	District:	

C. Full Name (Last, First, Middle Initial) <u>Harbor Community Bank</u>		Date of Disbursement <u>06 30 2017</u>
Mailing Address <u>PO Box 365</u>		
City <u>Indiantown</u>	State <u>FL</u>	Zip Code <u>34956</u>
Purpose of Disbursement <u>Bank charge</u>		FEC Identification Number <u>C</u>
Candidate Name		Amount of Each Disbursement this Period <u>2.00</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<u>6.00</u>
TOTAL This Period (last page this line number only).....▶	<u>12.00</u>

2017-05-03 10:00:00 AM

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Americana

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Neville Wainio CPAs</i>	Nature of Debt (Purpose): <i>Accounting and reporting</i>
Mailing Address <i>5 Arredondo</i>	
City <i>St. Augustine</i> State <i>FL</i> Zip Code <i>32080</i>	

Outstanding Balance Beginning This Period <i>0.00</i>	Amount Incurred This Period <i>340.00</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>340.00</i>
--	--	------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

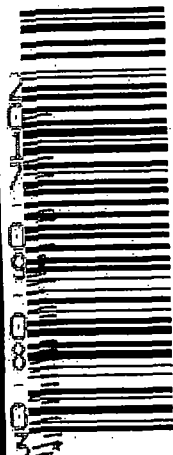
Outstanding Balance Beginning This Period <i>0.00</i>	Amount Incurred This Period <i>340.00</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>340.00</i>
--	--	------------------------------------	--

1) SUBTOTALS This Period This Page (optional).....▶	<i>340.00</i>
2) TOTALS This Period (last page this line number only).....▶	<i>340.00</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>340.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<i>340.00</i>

NON-PROFIT ORGANIZATION

NW

Neville Wainio CPAs
5 Arredondo Avenue
St. Augustine, FL 32080



7036 2710 0000 0343 4503

stamps
\$4.020
US POSTAGE
FIRST-CLASS
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32080

BR233601

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eSolutions

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999 E St. NW
Washington, DC 20463

Federal Election Commission
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<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

9/18/17
 DATE PREPARED