

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Friends of Carl Domino

ADDRESS (number and street) 136 Terrapin Trail
 Check if different than previously reported. (ACC) Jupiter FL 33458-7737

2. **FEC IDENTIFICATION NUMBER** C C00547281 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) FL 18

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 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 Gregory Wilder

Signature of Treasurer Gregory Wilder *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Carl Domino

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	27804	181108.63
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	27804	181108.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	126170.06	316802.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	126170.06	316802.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	289306.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	425000	

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 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Carl Domino

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22375	153425
(ii) Unitemized.....	5429	22157
(iii) TOTAL of contributions from individuals ▶	27804	175582
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	1000
(d) The Candidate.....	0	4526.63
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27804	181108.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	425000
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	425000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	27804	606108.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	126170.06	316802.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	126170.06	316802.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	387672.4
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	27804
25. SUBTOTAL (add Line 23 and Line 24).....	415476.4
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	126170.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	289306.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Thomas J Bascetta

Mailing Address 124 Sota Drive

City Jupiter State FL Zip Code 33458-7726

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : A-CF654

Amount of Each Receipt this Period
500

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

Mailing Address 956 Pompano Drive

City Jupiter State FL Zip Code 33458-4311

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

Name of Employer Benaim Eye LLC Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : A-CF564

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
William H Blair

Mailing Address 125 Vintageisle Lane

City Palm Beach Gardens State FL Zip Code 33418-4603

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : A-CF711

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
David Burke

Mailing Address 2770 Tecumseh Drive

City West Palm Beach State FL Zip Code 33409-7446

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

Name of Employer Breakers Palm Beach Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : A-CF763

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Charles F Casey

Mailing Address 224 Locha Drive

City Jupiter State FL Zip Code 33458-7733

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

Name of Employer ME Casey Investments Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : A-CF633

Amount of Each Receipt this Period
500

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

Mailing Address 2225 Devonshire Way

City Palm Beach Gardens State FL Zip Code 33418-6874

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : A-CF635

Amount of Each Receipt this Period
100

SUBTOTAL of Receipts This Page (optional).....

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Denis Coleman

Mailing Address 662 Island Drive

City State Zip Code
Palm Beach FL 33480-4745

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : A-CF568

Amount of Each Receipt this Period
1000

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

Mailing Address 128 Waters Edge Drive

City State Zip Code
Jupiter FL 33477-4031

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

Name of Employer Occupation
Stanely Street Realty President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : A-CF555

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
William J Diamond

Mailing Address 220 Wells Road

City State Zip Code
Palm Beach FL 33480-3625

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : A-CF574

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Paula E Dulski

Mailing Address 3249 W Channel Circle

City State Zip Code
Jupiter FL 33477-1366

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : A-CF554

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Susan V Dushock

Mailing Address 7523 Orchid Hammock Drive

City State Zip Code
West Palm Beach FL 33412-3139

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

Name of Employer Occupation
Suntrust Bank Senior VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : A-CF637

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
E. Llywd Ecclestone

Mailing Address PO Box 3267

City State Zip Code
West Palm Beach FL 33402-3267

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

Name of Employer Occupation
Self Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : A-CF701

Amount of Each Receipt this Period
600

SUBTOTAL of Receipts This Page (optional).....

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
E. Llwyd Ecclestone

Mailing Address PO Box 3267

City West Palm Beach State FL Zip Code 33402-3267

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

Name of Employer Self Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : A-CF777

Amount of Each Receipt this Period
400

B. Full Name (Last, First, Middle Initial)
Robert A Garvy

Mailing Address 200 Esplanade Way

City Palm Beach State FL Zip Code 33480-3018

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

Name of Employer Investments Occupation Intech

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : A-CF702

Amount of Each Receipt this Period
500

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

Mailing Address 600 S US Highway 1 Apt. 410

City Jupiter State FL Zip Code 33477-6911

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : A-CF658

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Harvey Golub

Mailing Address **PO Box 425**

City **Saratoga Springs** State **NY** Zip Code **12866-0425**

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

Name of Employer **The Ayco Company** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : A-CF558

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
Linda T Gore

Mailing Address **610 Xanadu Place**

City **Jupiter** State **FL** Zip Code **33477-6449**

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

Name of Employer **Gore, Inc.** Occupation **Real Estate Developer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF626

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Nancy H Green

Mailing Address **416 Mariner Drive**

City **Jupiter** State **FL** Zip Code **33477-4068**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF622

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Sandra Harrison

Mailing Address 3200 Pilots Point Circle

City State Zip Code
Jupiter FL 33477-1377

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : A-CF553

Amount of Each Receipt this Period
500

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

Mailing Address 527 S Beach Road

City State Zip Code
Hobe Sound FL 33455-2807

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : A-CF703

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Anthony J Landi

Mailing Address 268 Locha Drive

City State Zip Code
Jupiter FL 33458-7733

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : A-CF640

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Jimmy Magee

Mailing Address 75 Seaweed Road

City Southampton State NY Zip Code 11968-1526

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 05 / 2014

Transaction ID : A-CF560

Amount of Each Receipt this Period
100

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

Mailing Address 75 Seaweed Road

City Southampton State NY Zip Code 11968-1526

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : A-CF680

Amount of Each Receipt this Period
100

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

Mailing Address 75 Seaweed Road

City Southampton State NY Zip Code 11968-1526

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : A-CF736

Amount of Each Receipt this Period
100

SUBTOTAL of Receipts This Page (optional).....

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Milton Maltz

Mailing Address 5500 Military Trail
Suite 22-367

City Jupiter State FL Zip Code 33458-2869

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : A-CF641

Amount of Each Receipt this Period
2600

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

Mailing Address 5500 Military Trail
Suite 22-367

City Jupiter State FL Zip Code 33458-2869

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : A-CF778

Amount of Each Receipt this Period
2400

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

Mailing Address 6228 Winding Lake Drive

City Jupiter State FL Zip Code 33458-3787

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

Name of Employer FPL Occupation Media Specialist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : A-CF570

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

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

5250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Jean F Mayes

Mailing Address 209 Echo Drive

City State Zip Code
Jupiter FL 33458-7741

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : A-CF704

Amount of Each Receipt this Period
500

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

Mailing Address 3101 Boardwalk Tower 2
Apt. 2108

City State Zip Code
Atlantic City NJ 08401-4125

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : A-CF662

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Robert L Moore

Mailing Address 318 Bunker Ranch Road

City State Zip Code
West Palm Beach FL 33405-3634

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : A-CF643

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Bonnie Re

Mailing Address 2646 NW 63rd Place

City Boca Raton State FL Zip Code 33496-2004

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF625

Amount of Each Receipt this Period
250

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

Mailing Address 44 Coconut Row Suite B103

City Palm Beach State FL Zip Code 33480-4069

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

Name of Employer Self Occupation Financial Investments

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : A-CF573

Amount of Each Receipt this Period
250

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

Mailing Address 11000 Prosperity Farms Road Suite 202

City Palm Beach Gardens State FL Zip Code 33410-3462

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 05 / 2014

Transaction ID : A-CF567

Amount of Each Receipt this Period
25

SUBTOTAL of Receipts This Page (optional).....

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Scott Schroeder

Mailing Address 11000 Prosperity Farms Road
Suite 202

City State Zip Code
Palm Beach Gardens FL 33410-3462

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225

Date of Receipt
 M M / D D / Y Y Y Y
05 / 31 / 2014

Transaction ID : A-CF692

Amount of Each Receipt this Period
25

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

Mailing Address 11000 Prosperity Farms Road
Suite 202

City State Zip Code
Palm Beach Gardens FL 33410-3462

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : A-CF762

Amount of Each Receipt this Period
25

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

Mailing Address 11350 SW 132nd Court

City State Zip Code
Miami FL 33186-7902

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : A-CF741

Amount of Each Receipt this Period
500

SUBTOTAL of Receipts This Page (optional).....

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Linda Stoch

Mailing Address 104 Vintageisle Lane

City State Zip Code
Palm Beach Gardens FL 33418-4603

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

Name of Employer Occupation
Innovative Interiors Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF628

Amount of Each Receipt this Period
500

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

Mailing Address 4700 Sheridan Street
Suite J

City State Zip Code
Hollywood FL 33021-3416

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : A-CF577

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Patricia B Trimble

Mailing Address 109 Chasewood Circle

City State Zip Code
Palm Beach Gardens FL 33418-4624

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

Name of Employer Occupation
Maltz Jupiter Theater Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : A-CF665

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

A. Full Name (Last, First, Middle Initial)
Donald Trump

Mailing Address 725 5th Avenue

City State Zip Code
New York NY 10022-2519

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

Name of Employer Occupation
The Trump Organization Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF629

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
Cynthia Van Buren

Mailing Address 205 Worth Avenue

City State Zip Code
Palm Beach FL 33480-4606

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : A-CF575

Amount of Each Receipt this Period
500

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

22375.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Aristotle Publishing			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 700 Transaction ID : B-E-582
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Software fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Aristotle Publishing			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 700 Transaction ID : B-E-675
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Software fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Aristotle Publishing			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 700 Transaction ID : B-E-723
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Software fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. BB&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 955 Saxon Boulevard		Amount of Each Disbursement this Period 15 Transaction ID : B-E-584
City Orange City	State FL	
Zip Code 32763-8314	Purpose of Disbursement Bank wire fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BB&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 955 Saxon Boulevard		Amount of Each Disbursement this Period 54 Transaction ID : B-E-583
City Orange City	State FL	
Zip Code 32763-8314	Purpose of Disbursement Bank service charge	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BB&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 955 Saxon Boulevard		Amount of Each Disbursement this Period 15 Transaction ID : B-E-610
City Orange City	State FL	
Zip Code 32763-8314	Purpose of Disbursement Bank service fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	84.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. BB&T		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 955 Saxon Boulevard		Amount of Each Disbursement this Period 15 Transaction ID : B-E-676
City Orange City	State FL	
Zip Code 32763-8314	Purpose of Disbursement Administrative/Salary/Overhead: Bank fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 117 North Asaph Street		Amount of Each Disbursement this Period 3009.13 Transaction ID : B-E-593
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising: Email fundraising	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Campaign Solutions		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 117 North Asaph Street		Amount of Each Disbursement this Period 2842.59 Transaction ID : B-E-613
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising: Email deployment	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5866.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 117 North Asaph Street		Amount of Each Disbursement this Period 3090.19 Transaction ID : B-E-718
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising: email solicitation	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Charter Consulting Group LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 11850 Preservation Lane		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-590
City Boca Raton	State FL	
Zip Code 33498-6234	Purpose of Disbursement Campaign Event: Event organizing	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CD, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 1877		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-589
City Alexandria	State VA	
Zip Code 22313-1877	Purpose of Disbursement Advertising: On-line advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5090.19
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. CD, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO Box 1877		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-595
City Alexandria	State VA	
Zip Code 22313-1877	Purpose of Disbursement Advertising: On-line ad placement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CD, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO Box 1877		Amount of Each Disbursement this Period 250 Transaction ID : B-E-719
City Alexandria	State VA	
Zip Code 22313-1877	Purpose of Disbursement Advertising: Social media advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. City Of Port St. Lucie		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 121 SW Port St Lucie Boulevard		Amount of Each Disbursement this Period 275 Transaction ID : B-E-714
City Port Saint Lucie	State FL	
Zip Code 34984-5042	Purpose of Disbursement Campaign Event: Permit Fee	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2025.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Dickinson and McDonald, P.A		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 201 S Florida Avenue		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-588
City Deland	State FL	
Zip Code 32720-5405	Purpose of Disbursement Accounting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dickinson and McDonald, P.A		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 201 S Florida Avenue		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-612
City Deland	State FL	
Zip Code 32720-5405	Purpose of Disbursement Accounting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Dickinson and McDonald, P.A		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 201 S Florida Avenue		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-673
City Deland	State FL	
Zip Code 32720-5405	Purpose of Disbursement Accounting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 147.08 Transaction ID : B-E-578
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: On-line fundraising Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 118.19 Transaction ID : B-E-579
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: Credit card fee Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 25 Transaction ID : B-E-580
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: web hosting fee Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	290.27
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 25 Transaction ID : B-E-733
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: Web Hosting Fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 32.95 Transaction ID : B-E-734
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: Credit card fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 36.8 Transaction ID : B-E-735
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: On-line fundraising fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	94.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 89.24 Transaction ID : B-E-771
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: on-line fundraising fee Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 83.5 Transaction ID : B-E-772
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: Credit card processing fee Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. eDonation.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 25 Transaction ID : B-E-773
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: Web hosting fee Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	197.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Eliz Murphy Enterprise, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 101 Bradley Place Suite 203		Amount of Each Disbursement this Period 339.73
City Palm Beach	State FL	
Zip Code 33480-3828		Transaction ID : B-E-592
Purpose of Disbursement Campaign Event: Event organizer	Category/ Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fastmail PTY Ltd.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address Level 1/91 William Street Melbourne Victoria 3000		Amount of Each Disbursement this Period 4.56
City Melbourne	State Victoria	
Zip Code 3000		Transaction ID : B-E-731
Purpose of Disbursement email service	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Fastmail PTY Ltd.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address Level 1/91 William Street Melbourne Victoria 3000		Amount of Each Disbursement this Period 152
City Melbourne	State Victoria	
Zip Code 3000		Transaction ID : B-E-732
Purpose of Disbursement email service	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	496.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Hobe Sound Chamber Of Commerce			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 11954 SE Dixie Highway			Amount of Each Disbursement this Period 150	
City Hobe Sound	State FL	Zip Code 33455	Transaction ID : B-E-599	
Purpose of Disbursement Membership dues		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Hobe Sound Chamber Of Commerce			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 11954 SE Dixie Highway			Amount of Each Disbursement this Period 175	
City Hobe Sound	State FL	Zip Code 33455	Transaction ID : B-E-611	
Purpose of Disbursement Campaign Event: Golf Tournament Tickets		Category/ Type 007		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Innovative Campaign Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 1300 12th Street			Amount of Each Disbursement this Period 3500	
City Cayce	State SC	Zip Code 29033-3204	Transaction ID : B-E-725	
Purpose of Disbursement Telephone Equipment		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3825.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Maplewood Investors, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 501 Maplewood Drive		Amount of Each Disbursement this Period 700 Transaction ID : B-E-672
City Jupiter	State FL	
Zip Code 33458-5577	Purpose of Disbursement Administrative/Salary/Overhead: Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Martin County Republican Executive Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1111 SE Federal Highway		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-594
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement Lincoln Day Dinner tickets	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Martin County Republican Executive Committee		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1111 SE Federal Highway		Amount of Each Disbursement this Period 250 Transaction ID : B-E-670
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement Campaign Event: Candidate Fee	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Nationbuilder		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 399 Transaction ID : B-E-581
City Los Angeles	State CA Zip Code 90013-1155	
Purpose of Disbursement Voter database management		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Nationbuilder		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 307.18 Transaction ID : B-E-677
City Los Angeles	State CA Zip Code 90013-1155	
Purpose of Disbursement Campaign Event: Database management		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nationbuilder		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 399 Transaction ID : B-E-724
City Los Angeles	State CA Zip Code 90013-1155	
Purpose of Disbursement Voter database management		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1105.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Palm City Chamber Of Commerce		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 880 SW Martin Downs Boulevard		Amount of Each Disbursement this Period 225 Transaction ID : B-E-617
City Palm City	State FL	
Zip Code 34990-2849	Purpose of Disbursement Membership	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Public Concepts LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 5730 Corporate Way		Amount of Each Disbursement this Period 44268.66 Transaction ID : B-E-591
City West Palm Beach	State FL	
Zip Code 33407-2046	Purpose of Disbursement Printing of ballot petition	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Public Concepts LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 5730 Corporate Way		Amount of Each Disbursement this Period 8686.46 Transaction ID : B-E-668
City West Palm Beach	State FL	
Zip Code 33407-2046	Purpose of Disbursement Campaign Strategic Planning	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	53180.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Public Opinion Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 214 N Fayette Street		Amount of Each Disbursement this Period 8500 Transaction ID : B-E-666
City Alexandria	State VA	
Zip Code 22314-2433	Purpose of Disbursement Polling: Polling	Category/ Type 005
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. St. Lucie Chamber Of Commerce		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2937 W Midway Road		Amount of Each Disbursement this Period 285 Transaction ID : B-E-618
City Fort Pierce	State FL	
Zip Code 34981-4956	Purpose of Disbursement Membership	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Stuart/Martin County Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1650 S Kanner Highway		Amount of Each Disbursement this Period 355 Transaction ID : B-E-616
City Stuart	State FL	
Zip Code 34994-7155	Purpose of Disbursement Membership	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9140.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 4109 Northlake Boulevard		Amount of Each Disbursement this Period 61.01
City Palm Beach Gardens	State FL	
Zip Code 33410-6258	Purpose of Disbursement Travel: Gas for travel to district event	Transaction ID : B-E-603
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 4109 Northlake Boulevard		Amount of Each Disbursement this Period 65
City Palm Beach Gardens	State FL	
Zip Code 33410-6258	Purpose of Disbursement Travel: Gas for travel to district event	Transaction ID : B-E-604
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 4109 Northlake Boulevard		Amount of Each Disbursement this Period 59.79
City Palm Beach Gardens	State FL	
Zip Code 33410-6258	Purpose of Disbursement Travel: Gas for travel to district event	Transaction ID : B-E-605
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	185.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 4109 Northlake Boulevard		Amount of Each Disbursement this Period 60.29
City Palm Beach Gardens	State FL	
Zip Code 33410-6258	Purpose of Disbursement Travel: Gas for travel to campaign event	Transaction ID : B-E-678
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 4109 Northlake Boulevard		Amount of Each Disbursement this Period 62.46
City Palm Beach Gardens	State FL	
Zip Code 33410-6258	Purpose of Disbursement Travel: Gas for travel in district	Transaction ID : B-E-729
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4109 Northlake Boulevard		Amount of Each Disbursement this Period 64.5
City Palm Beach Gardens	State FL	
Zip Code 33410-6258	Purpose of Disbursement Travel: Gas for travel in district	Transaction ID : B-E-728
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	187.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Trump International Golf Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3505 Summit Boulevard		Amount of Each Disbursement this Period 900 Transaction ID : B-E-717
City State Zip Code West Palm Beach FL 33406-4111	Purpose of Disbursement Campaign Event: Catering Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Annie M Delgado		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1255 NW 105th Terrace		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-674
City State Zip Code Ocala FL 34482-9527	Purpose of Disbursement Fundraising: Fundraising coordinator Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Annie M Delgado		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 1255 NW 105th Terrace		Amount of Each Disbursement this Period 4558 Transaction ID : B-E-721
City State Zip Code Ocala FL 34482-9527	Purpose of Disbursement Paraphernalia: Campaign signs Category/Type 006	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7958.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Harold Hesselrode		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1255 NW 105th Terrace		Amount of Each Disbursement this Period 6135 Transaction ID : B-E-716
City Ocala State FL Zip Code 34482-9527	Purpose of Disbursement Paraphernalia: Signs and material 006 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Annette James		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 6009 NW Winfield Drive		Amount of Each Disbursement this Period 4319.94 Transaction ID : B-E-596
City Port St Lucie State FL Zip Code 34986-3738	Purpose of Disbursement Campaign Event: Field organizing 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Annette James		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 6009 NW Winfield Drive		Amount of Each Disbursement this Period 4575.32 Transaction ID : B-E-614
City Port St Lucie State FL Zip Code 34986-3738	Purpose of Disbursement Campaign Event: Field organizing 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15030.26
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Annette James		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 6009 NW Winfield Drive		Amount of Each Disbursement this Period 4909.47 Transaction ID : B-E-671
City Port St Lucie State FL Zip Code 34986-3738	Purpose of Disbursement Campaign Event: Field Organizing Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Linda Ruth		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 518 N M Street		Amount of Each Disbursement this Period 252 Transaction ID : B-E-587
City Lake Worth State FL Zip Code 33460-3114	Purpose of Disbursement Campaign Event: catering Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Gregory B Wilder		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 2140 Three M Trail		Amount of Each Disbursement this Period 11.93 Transaction ID : B-E-597
City Deland State FL Zip Code 32720-1615	Purpose of Disbursement Express Delivery Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5173.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1702 N Woodland Boulevard		Amount of Each Disbursement this Period 11.93
City Deland	State FL Zip Code 32720-1837	
Purpose of Disbursement	Category/Type	Transaction ID : B-S-15 [MEMO ITEM] Subitemization of Gregory Wilder(04/17/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Gregory B Wilder		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 2140 Three M Trail		Amount of Each Disbursement this Period 11.33
City Deland	State FL Zip Code 32720-1615	
Purpose of Disbursement Express Delivery Charges	Category/Type 001	Transaction ID : B-E-722 Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1702 N Woodland Boulevard		Amount of Each Disbursement this Period 11.33
City Deland	State FL Zip Code 32720-1837	
Purpose of Disbursement Express Delivery Charges	Category/Type	Transaction ID : B-S-16 [MEMO ITEM] Subitemization of Gregory Wilder(06/04/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Gregory B Wilder		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 2140 Three M Trail		Amount of Each Disbursement this Period 11.93
City Deland State FL Zip Code 32720-1615	Purpose of Disbursement Express Delivery Charges Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : B-E-713 Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) B. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1702 N Woodland Boulevard		Amount of Each Disbursement this Period 11.93
City Deland State FL Zip Code 32720-1837	Purpose of Disbursement Express Delivery Charge Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : B-S-17 [MEMO ITEM] Subitemization of Gregory Wilder(06/13/14)

Full Name (Last, First, Middle Initial) c. Gregory B Wilder		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2140 Three M Trail		Amount of Each Disbursement this Period 47.86
City Deland State FL Zip Code 32720-1615	Purpose of Disbursement Express Delivery Charges Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : B-E-712

SUBTOTAL of Disbursements This Page (optional).....	59.79
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Gregory B Wilder		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2140 Three M Trail		Amount of Each Disbursement this Period 39.63 Transaction ID : B-E-726
City Deland State FL Zip Code 32720-1615	Purpose of Disbursement Express Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Monica Wilson		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 19227 Caribbean Court		Amount of Each Disbursement this Period 3612.99 Transaction ID : B-E-585
City Jupiter State FL Zip Code 33469-2073	Purpose of Disbursement Social Media and voter database management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) c. Monica Wilson		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 19227 Caribbean Court		Amount of Each Disbursement this Period 949.99 Transaction ID : B-E-600
City Jupiter State FL Zip Code 33469-2073	Purpose of Disbursement Database management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	4602.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Full Name (Last, First, Middle Initial) A. Monica Wilson		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 19227 Caribbean Court		Amount of Each Disbursement this Period 1112.49 Transaction ID : B-E-615
City Jupiter	State FL	
Zip Code 33469-2073	Purpose of Disbursement Database Management	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Monica Wilson		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 19227 Caribbean Court		Amount of Each Disbursement this Period 757.66 Transaction ID : B-E-667
City Jupiter	State FL	
Zip Code 33469-2073	Purpose of Disbursement Database Management	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Monica Wilson		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 19227 Caribbean Court		Amount of Each Disbursement this Period 1269.99 Transaction ID : B-E-720
City Jupiter	State FL	
Zip Code 33469-2073	Purpose of Disbursement Database management	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3140.14
TOTAL This Period (last page this line number only).....	125293.84

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **SC/10-L1**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Carl J Domino** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan 25000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 25000
----------------------------------	---------------------------------	--

TERMS

Date Incurred M 07 / D 22 / Y 2013	Date Due M / D / Y None	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	25000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **SC/10-L2**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Carl J Domino** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan 50000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 50000
----------------------------------	---------------------------------	--

TERMS

Date Incurred M M / D D / Y Y Y Y 08 / 20 / 2013	Date Due M M / D D / Y Y Y Y None	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	50000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Transaction ID : SC/10-L3

LOAN SOURCE Full Name (Last, First, Middle Initial)

Carl J Domino

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000 0 50000

TERMS

Date Incurred Date Due Interest Rate Secured:
M 09 / D 17 / Y 2013 M M / D D / Y None 0.00 % (apr) 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 50000.00

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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Transaction ID : SC/10-L4

LOAN SOURCE Full Name (Last, First, Middle Initial)

Carl J Domino

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000 0 50000

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00

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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **SC/10-L5**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Carl J Domino** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan 50000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 50000
----------------------------------	---------------------------------	--

TERMS

Date Incurred M 11 / D 20 / Y 2013	Date Due M / D / Y None	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	50000.00
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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Transaction ID : SC/10-L6

LOAN SOURCE Full Name (Last, First, Middle Initial)

Carl J Domino

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000 0 50000

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 31 / Y 2013 M M / D D / Y None 0.00 % (apr) 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Carl Domino

Transaction ID : SC/10-L7

LOAN SOURCE Full Name (Last, First, Middle Initial)

Carl J Domino

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000 0 50000

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 07 / Y 2014 M M / D D / Y None 0.00 % (apr) 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **SC/10-L8**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Carl J Domino** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

Original Amount of Loan 50000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 50000
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TERMS

Date Incurred M 03 / D 18 / Y 2014	Date Due M / D / Y None	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	50000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **SC/10-L9**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Carl J Domino** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 136 Terrapin Trail

City State ZIP Code
 Jupiter FL 33458-7737

Original Amount of Loan 50000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 50000
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TERMS

Date Incurred M 03 / D 28 / Y 2014	Date Due M / D / Y None	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	50000.00
TOTALS This Period (last page in this line only).....	▶	425000.00

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