



**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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	31840	153304.63
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31840	153304.63
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	68300.93	190632.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68300.93	190632.23
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	387672.4	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27750	131050
(ii) Unitemized.....	4090	16728
(iii) TOTAL of contributions from individuals ▶	31840	147778
(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))..	31840	153304.63
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	150000	425000
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000	425000
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	0
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	181840	578304.63

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68300.93	190632.23
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	68300.93	190632.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	274133.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	181840
25. SUBTOTAL (add Line 23 and Line 24).....	455973.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68300.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	387672.4

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Expense descriptions for a number of items contained on this amendment have been updated based upon additional information provided by the campaign manager and staff.

Form/Schedule:  
Transaction ID:

**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 40
	<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**

Full Name (Last, First, Middle Initial) <b>A. Steven Alembik</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2014
Mailing Address 901 NW 7th Street		<b>Transaction ID : A-CF440</b>
City Boca Raton	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer SMA Communications LLC	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	

Full Name (Last, First, Middle Initial) <b>B. Jim Bertino</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2014
Mailing Address PO Box 155		<b>Transaction ID : A-CF538</b>
City Jupiter	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50
Name of Employer Action Marketing	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	

Full Name (Last, First, Middle Initial) <b>C. Yvonne S Boice</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2014
Mailing Address 561 Golden Harbour Drive		<b>Transaction ID : A-CF417</b>
City Boca Raton	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer Fugazy Travel	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Carl Domino**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Coniglio**

Mailing Address 1139 N Ocean Boulevard

City State Zip Code  
Palm Beach FL 33480-3262

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

Name of Employer Occupation  
Surcon Investments Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF534**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Sheila W Connors**

Mailing Address 506 Bay Drive

City State Zip Code  
Vero Beach FL 32963-2107

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  
**02 / 28 / 2014**

**Transaction ID : A-CF449**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Paul Constatine**

Mailing Address 49 Saint George Place

City State Zip Code  
Palm Beach Gardens FL 33418-4024

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  
**525**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : A-CF438**

Amount of Each Receipt this Period  
**500**

**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 40
	<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)  
**Yolande De Bonvouloir**

Mailing Address 136 Lakeshore Drive  
Apt. 212

City North Palm Beach State FL Zip Code 33408-3634

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 Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF514**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Degeorge**

Mailing Address 140 Intracoastal Pointe Drive  
Suite 410

City Jupiter State FL Zip Code 33477-5094

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

Name of Employer Self Occupation Venture Capitalist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF512**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence Degeorge**

Mailing Address 140 Intracoastal Pointe Drive  
Suite 410

City Jupiter State FL Zip Code 33477-5094

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

Name of Employer Self Occupation Venture Capitalist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF513**

Amount of Each Receipt this Period  
**2600**

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

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

**5450.00**

**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 40
	<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)  
**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  
**250**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF535**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Lloyd P 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  
**2000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF543**

Amount of Each Receipt this Period  
**2000**

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

Mailing Address 600 S US Highway 1  
Apt. 410

City State Zip Code  
Jupiter FL 33477-6911

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  
**01 / 29 / 2014**

**Transaction ID : A-CF436**

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 10 OF 40
	<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)  
**Katheryn Gillespie**

Mailing Address 33 SE 5th Street

City Boca Raton State FL Zip Code 33432-6030

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 **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF419**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Charles E Haldeman**

Mailing Address 146 Cheswold Valley Road

City Haverford State PA Zip Code 19041-1816

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 **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF515**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Charles E Haldeman**

Mailing Address 146 Cheswold Valley Road

City Haverford State PA Zip Code 19041-1816

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 **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF516**

Amount of Each Receipt this Period  
**2600**

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

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

**5450.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 11 OF 40

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NAME OF COMMITTEE (In Full)  
**Friends of Carl Domino**

**A.** Full Name (Last, First, Middle Initial)  
**L. Donald Jaffin**

Mailing Address **PO Box 7071**

City **Jupiter** State **FL** Zip Code **33468-7071**

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 Y Y  
**02 / 28 / 2014**

**Transaction ID : A-CF453**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Timothy H Kenney**

Mailing Address **120 Butler Street  
Suite B**

City **West Palm Beach** State **FL** Zip Code **33407-6107**

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 **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 10 / 2014**

**Transaction ID : A-CF497**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Brian Labovick**

Mailing Address **5220 Hood Road  
Floor 2**

City **Palm Beach Gardens** State **FL** Zip Code **33418-8910**

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

Name of Employer **LaBovick&LaBovick, PA** Occupation **Lawyer**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : A-CF442**

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 12 OF 40
	<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)  
**William R Magrogan**

Mailing Address **PO Box 3594**

City **Jupiter** State **FL** Zip Code **33469-1009**

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 **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : A-CF454**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Jack McDonald**

Mailing Address **2258 Ibis Isle Road**

City **Palm Beach** State **FL** Zip Code **33480**

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 **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF521**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Suzanne Niedland**

Mailing Address **PO Box 1748**

City **Jupiter** State **FL** Zip Code **33468-1748**

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

Name of Employer **Self** Occupation **Venture Capitalist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF523**

Amount of Each Receipt this Period  
**2600**

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

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

**3700.00**

**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 40
	<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)  
**Suzanne Niedland**

Mailing Address **PO Box 1748**

City **Jupiter** State **FL** Zip Code **33468-1748**

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

Name of Employer **Self** Occupation **Venture Capitalist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF524**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Rosemary A O'Mara**

Mailing Address **768 Jeffery Street**

City **Boca Raton** State **FL** Zip Code **33487-4103**

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

Name of Employer **Dixie Enterprise Group** Occupation **Director**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF525**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Marilyn Parmet**

Mailing Address **116 Abondance Drive**

City **Palm Beach Gardens** State **FL** Zip Code **33410-1600**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF526**

Amount of Each Receipt this Period  
**250**

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

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

**3350.00**

**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 40  
(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)  
**James Perrella**

Mailing Address 114 Bears Club Drive

City State Zip Code  
Jupiter FL 33477-4203

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  
**01 / 10 / 2014**

**Transaction ID : A-CF498**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 2646 NW 63rd Place

City State Zip Code  
Boca Raton FL 33496-2004

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  
**03 / 31 / 2014**

**Transaction ID : A-CF544**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Robert A Saddler**

Mailing Address 1035 Spanish River Road  
Apt. 102

City State Zip Code  
Boca Raton FL 33432-7650

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

Name of Employer Occupation  
Summit Brokerage Services Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF426**

Amount of Each Receipt this Period  
**250**

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

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

**1500.00**

**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 40
	<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)  
**Patricia T Shandloff**

Mailing Address 9497 Old Pine Road

City Boca Raton State FL Zip Code 33428-3055

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 Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF427**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Susan Snowden**

Mailing Address 3160 NW 60th Street

City Boca Raton State FL Zip Code 33496-3323

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 Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF428**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Leo A Vecellio**

Mailing Address 589 N County Road

City Palm Beach State FL Zip Code 33480-3504

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

Name of Employer Vecellio Group, Inc. Occupation Executive

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  
**02 / 20 / 2014**

**Transaction ID : A-CF444**

Amount of Each Receipt this Period  
**1000**

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 40  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Friends of Carl Domino**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce A Zabriski**

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 BZ Corporate Gifts LLC Occupation Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : A-CF458**

Amount of Each Receipt this Period  
 250

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

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).....

250.00

27750.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 17 OF 40

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NAME OF COMMITTEE (In Full)  
**Friends of Carl Domino**

**A.** Full Name (Last, First, Middle Initial)  
**Carl J Domino**

Mailing Address 136 Terrapin Trail

City State Zip Code  
Jupiter FL 33458-7737

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

Name of Employer Occupation  
Carl Domino, Inc. Investment Management

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**429526.63**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A-LL7**

Amount of Each Receipt this Period  
**50000**

Candidate loan

**B.** Full Name (Last, First, Middle Initial)  
**Carl J Domino**

Mailing Address 136 Terrapin Trail

City State Zip Code  
Jupiter FL 33458-7737

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

Name of Employer Occupation  
Carl Domino, Inc. Investment Management

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**429526.63**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : A-LL8**

Amount of Each Receipt this Period  
**50000**

Candidate loan

**C.** Full Name (Last, First, Middle Initial)  
**Carl J Domino**

Mailing Address 136 Terrapin Trail

City State Zip Code  
Jupiter FL 33458-7737

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

Name of Employer Occupation  
Carl Domino, Inc. Investment Management

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**429526.63**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : A-LL9**

Amount of Each Receipt this Period  
**50000**

Candidate loan

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

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

**150000.00**

**150000.00**

**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 18 OF 40			
	<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) <b>A. Amici Market</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 155 N County Road			Amount of Each Disbursement this Period 288.89
City Palm Beach	State FL	Zip Code 33480-3954	
Purpose of Disbursement Campaign Event: Catering		Category/ Type 007	<b>Transaction ID : B-E-537</b>
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>B. Aristotle Publishing</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 700
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Software maintenance		Category/ Type 001	<b>Transaction ID : B-E-483</b>
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>C. Aristotle Publishing</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 700
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Software maintenance		Category/ Type 001	<b>Transaction ID : B-E-484</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1688.89
<b>TOTAL</b> 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 19 OF 40			
	<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) <b>A. Aristotle Publishing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2014</b>
Mailing Address <b>205 Pennsylvania Avenue SE</b>		Amount of Each Disbursement this Period <b>700</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-1164</b>
Purpose of Disbursement <b>Software maintenance</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : B-E-485</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 07 / 2014</b>
Mailing Address <b>117 North Asaph Street</b>		Amount of Each Disbursement this Period <b>415.56</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Disbursement <b>Fundraising: On-Line Fundraising</b>	Category/Type <b>003</b>	
Candidate Name		<b>Transaction ID : B-E-476</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 19 / 2014</b>
Mailing Address <b>117 North Asaph Street</b>		Amount of Each Disbursement this Period <b>2728.32</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Disbursement <b>Fundraising: On-Line Fundraising</b>	Category/Type <b>003</b>	
Candidate Name		<b>Transaction ID : B-E-467</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3843.88</b>
<b>TOTAL</b> 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 40			
	<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) <b>A. Campaign Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 117 North Asaph Street		Amount of Each Disbursement this Period 2727.64
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising: ON-line fundraising	Transaction ID : B-E-461
Candidate Name	003 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:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Charter Consulting Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 11850 Preservation Lane		Amount of Each Disbursement this Period 939.39
City Boca Raton	State FL	
Zip Code 33498-6234	Purpose of Disbursement Fundraising: Event Planning	Transaction ID : B-E-432
Candidate Name	003 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:		

Full Name (Last, First, Middle Initial) <b>c. CD, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO Box 1877		Amount of Each Disbursement this Period 1000
City Alexandria	State VA	
Zip Code 22313-1877	Purpose of Disbursement Advertising: On-Line Advertising	Transaction ID : B-E-480
Candidate Name	004 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4667.03
<b>TOTAL</b> 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 40	
	<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) <b>A. Dickinson and McDonald, P.A</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 17 / 2014</b>
Mailing Address 201 S Florida Avenue		Amount of Each Disbursement this Period <b>1000</b> Transaction ID : B-E-471
City Deland	State FL	
Zip Code 32720-5405	Purpose of Disbursement Accounting	Category/ Type <b>001</b>
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>B. Dickinson and McDonald, P.A</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2014</b>
Mailing Address 201 S Florida Avenue		Amount of Each Disbursement this Period <b>1000</b> Transaction ID : B-E-468
City Deland	State FL	
Zip Code 32720-5405	Purpose of Disbursement Accounting	Category/ Type <b>001</b>
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>C. Dickinson and McDonald, P.A</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 04 / 2014</b>
Mailing Address 201 S Florida Avenue		Amount of Each Disbursement this Period <b>1000</b> Transaction ID : B-E-462
City Deland	State FL	
Zip Code 32720-5405	Purpose of Disbursement Accounting	Category/ Type <b>001</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> 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 40	
	<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) <b>A. eDonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-545</b>
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: Web hosting fee Candidate Name Category/Type 003	
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>B. eDonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 134.61 <b>Transaction ID : B-E-546</b>
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: Credit card fees Candidate Name Category/Type 003	
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>C. eDonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 145.96 <b>Transaction ID : B-E-547</b>
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Fundraising: On-line fundraising fee Candidate Name Category/Type 003	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	305.57
<b>TOTAL</b> 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 40			
	<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) <b>A. Eliz Murphy Enterprise, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 101 Bradley Place Suite 203		Amount of Each Disbursement this Period 3,999.99 184.89
City State Zip Code Palm Beach FL 33480-3828	Purpose of Disbursement Fundraising: Invitation mailing	
Candidate Name	003 Category/ Type	Transaction ID : B-E-501
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>B. Eliz Murphy Enterprise, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 101 Bradley Place Suite 203		Amount of Each Disbursement this Period 2,500.00 2500
City State Zip Code Palm Beach FL 33480-3828	Purpose of Disbursement Fundraising: Event organizer	
Candidate Name	003 Category/ Type	Transaction ID : B-E-507
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>c. Nationbuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 399.00 399
City State Zip Code Los Angeles CA 90013-1155	Purpose of Disbursement Voter database management	
Candidate Name	007 Category/ Type	Transaction ID : B-E-489
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3083.89
<b>TOTAL</b> 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 40			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Carl Domino**

Full Name (Last, First, Middle Initial) <b>A. Nationbuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 399 <b>Transaction ID : B-E-490</b>
City Los Angeles State CA Zip Code 90013-1155	Purpose of Disbursement Voter database management 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) <b>B. Nationbuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 448 S Hill Street Suite 200		Amount of Each Disbursement this Period 399 <b>Transaction ID : B-E-506</b>
City Los Angeles State CA Zip Code 90013-1155	Purpose of Disbursement Voter database management 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) <b>c. Palm Beach Valet</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1499 Forest Hill Boulevard Suite 105		Amount of Each Disbursement this Period 264 <b>Transaction ID : B-E-548</b>
City West Palm Beach State FL Zip Code 33406-6050	Purpose of Disbursement Campaign Event: Valet Parking 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1062.00
<b>TOTAL</b> 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 40	
	<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) <b>A. Public Concepts LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 5730 Corporate Way		Amount of Each Disbursement this Period 13223.74
City West Palm Beach	State FL	
Zip Code 33407-2046	Purpose of Disbursement Campaign strategic planning	<b>Transaction ID : B-E-475</b>
Candidate Name	Category/ Type 007	
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>B. Public Concepts LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 5730 Corporate Way		Amount of Each Disbursement this Period 486.16
City West Palm Beach	State FL	
Zip Code 33407-2046	Purpose of Disbursement Campaign strategic planning	<b>Transaction ID : B-E-481</b>
Candidate Name	Category/ Type 007	
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>c. Racetrack</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 500 Northpoint Parkway		Amount of Each Disbursement this Period 60.36
City West Palm Beach	State FL	
Zip Code 33407-1903	Purpose of Disbursement Travel: Gas for travel to campaign event	<b>Transaction ID : B-E-494</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13770.26
<b>TOTAL</b> 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 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Racetrack</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 500 Northpoint Parkway		Amount of Each Disbursement this Period 62.47
City West Palm Beach	State FL	
Zip Code 33407-1903	Purpose of Disbursement Travel: Gas for travel to campaign event	<b>Transaction ID : B-E-495</b>
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>B. Republican Party Of Palm Beach County</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 1555 Palm Beach Lakes Boulevard Suite 210		Amount of Each Disbursement this Period 3250
City West Palm Beach	State FL	
Zip Code 33401-2339	Purpose of Disbursement Campaign Event: Lincoln Day Tickets	<b>Transaction ID : B-E-464</b>
Candidate Name	Category/Type 007	
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>c. Spoto's Oyster Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 131 SW Flagler Avenue		Amount of Each Disbursement this Period 1758.65
City Stuart	State FL	
Zip Code 34994-2139	Purpose of Disbursement Campaign Event: Campaign kickoff	<b>Transaction ID : B-E-499</b>
Candidate Name	Category/Type 007	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5071.12
<b>TOTAL</b> 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 40	
	<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**

**A. Strategic Media Placement**

Full Name (Last, First, Middle Initial)  
Mailing Address 7669 Stagers Loop

City Delaware State OH Zip Code 43015-7010

Purpose of Disbursement On-line media and voter advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2014

Amount of Each Disbursement this Period: 15000

Transaction ID : B-E-482

Category/Type: 004

**B. Ian P Hines**

Full Name (Last, First, Middle Initial)  
Mailing Address 6805 Rosemead Boulevard Apt. 24

City San Gabriel State CA Zip Code 91775-1550

Purpose of Disbursement Database Mgmt

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 20 / 2014

Amount of Each Disbursement this Period: 120

Transaction ID : B-E-473

Category/Type: 001

**c. Ian P Hines**

Full Name (Last, First, Middle Initial)  
Mailing Address 6805 Rosemead Boulevard Apt. 24

City San Gabriel State CA Zip Code 91775-1550

Purpose of Disbursement Database Management

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 120

Transaction ID : B-E-469

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 15240.00

**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 29 OF 40			
	<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) <b>A. Annette James</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2014</b>
Mailing Address <b>6009 NW Winfield Drive</b>		Amount of Each Disbursement this Period <b>3772.4</b>
City <b>Port St Lucie</b>	State <b>FL</b>	Zip Code <b>34986-3738</b>
Purpose of Disbursement Campaign Event: Field organizing	Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : B-E-474</b>
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>B. Annette James</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 21 / 2014</b>
Mailing Address <b>6009 NW Winfield Drive</b>		Amount of Each Disbursement this Period <b>3996.48</b>
City <b>Port St Lucie</b>	State <b>FL</b>	Zip Code <b>34986-3738</b>
Purpose of Disbursement Campaign Event: Field organizing	Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : B-E-463</b>
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>C. Annette James</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2014</b>
Mailing Address <b>6009 NW Winfield Drive</b>		Amount of Each Disbursement this Period <b>3600.66</b>
City <b>Port St Lucie</b>	State <b>FL</b>	Zip Code <b>34986-3738</b>
Purpose of Disbursement Campaign Event: Field organizing	Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : B-E-500</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11369.54</b>
<b>TOTAL</b> 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 40	
	<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) <b>A. Gregory B Wilder</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 2140 Three M Trail		Amount of Each Disbursement this Period 97.25 <b>Transaction ID : B-E-459</b>
City Deland State FL Zip Code 32720-1615	Purpose of Disbursement Fed Ex charges 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>B. Gregory B Wilder</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 2140 Three M Trail		Amount of Each Disbursement this Period 72.25 <b>Transaction ID : B-E-465</b>
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>c. Monica Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 19227 Caribbean Court		Amount of Each Disbursement this Period 1120 <b>Transaction ID : B-E-460</b>
City Jupiter State FL Zip Code 33469-2073	Purpose of Disbursement Social media and voter data 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 007	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1289.50
<b>TOTAL</b> 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 40			
	<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) <b>A. Monica Wilson</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address 19227 Caribbean Court			Amount of Each Disbursement this Period 1406.36	
City Jupiter	State FL	Zip Code 33469-2073	Transaction ID : B-E-433	
Purpose of Disbursement Social media and voter database management		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) <b>B. Monica Wilson</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 19227 Caribbean Court			Amount of Each Disbursement this Period 1032.5	
City Jupiter	State FL	Zip Code 33469-2073	Transaction ID : B-E-466	
Purpose of Disbursement Social media and voter database management		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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement				
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2438.86
<b>TOTAL</b> This Period (last page this line number only).....	67520.54

**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-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 Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000 0 25000

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 07 / D 22 / 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)..... 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
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**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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<b>TOTALS</b> 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 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**

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 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-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
---------------------------------------	----------------------------	-------------------------------	---------------------------------------------------------------------------------

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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<b>TOTALS</b> 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-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 50000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 50000
----------------------------------	---------------------------------	------------------------------------------------------

**TERMS**

Date Incurred M 12 / D 31 / Y 2013	Date Due M / D / 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<b>TOTALS</b> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<b>TOTALS</b> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	50000.00
<b>TOTALS</b> 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.**