

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)).... | 14700.00 | 54723.32 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 145.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 14700.00 | 54578.32 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 128332.16 | 242464.45 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 6328.97 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 128332.16 | 236135.48 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 232104.77 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 1592898.99 | |

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: M M / D D / Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y
06 / 30 / 2016

| 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)..... | 10700.00 | 45350.00 |
| (ii) Unitemized..... | 4000.00 | 8873.32 |
| (iii) TOTAL of contributions from individuals ▶ | 14700.00 | 54223.32 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 500.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 14700.00 | 54723.32 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 49999.00 | 407898.99 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 49999.00 | 407898.99 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 6328.97 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 64699.00 | 468951.28 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 128332.16 | 242464.45 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 145.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 145.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 128332.16 | 242609.45 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 295737.93 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 64699.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 360436.93 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 128332.16 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 232104.77 |

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

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

FOR LINE NUMBER: PAGE 5 OF 64
(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)
Warren J Strausser

Mailing Address 228 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : AF61279F7746C44F5915

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 209 echo dr

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : A66FDB2A9C8E4448F995

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Leah A Dunnigan

Mailing Address 142 Echo Dr

City State Zip Code
Jupiter FL 33458-7716

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : ACC8EB4148150443EB84

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

1600.00

**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 64 |
| | <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)
Michael J Driscoll

Mailing Address 620 Baeder Road

City State Zip Code
Jenkintown PA 19046-1508

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

Name of Employer Occupation
Driscoll Construction President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : A6834D5275DD245A289A

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Teresa M Ameen

Mailing Address 163 Commodore Drive

City State Zip Code
Jupiter FL 33477-4007

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : A8737E37CC408498FA4E

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 237 Ridgeview Drive

City State Zip Code
Palm Beach FL 33480-3305

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016

Transaction ID : AB174E204B6964B0C8DC

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1700.00

**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 64 |
| | <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)
Gladys M Hamer

Mailing Address 189 Birkdale Lane

City State Zip Code
Jupiter FL 33458-7713

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : AE8C2B7C3CA254CFF844

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Charles H Damsel

Mailing Address 6810 Washington Road

City State Zip Code
West Palm Beach FL 33405-4758

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : A836EDE635E3C4FD6A5A

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Glenn Weller

Mailing Address 12557 Equine Ln

City State Zip Code
Wellington FL 33414-3507

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

Name of Employer Occupation
SouthCap Properties Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : AA8EA5BB5230D4267AB3

Amount of Each Receipt this Period
250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 8 OF 64
(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)
Maryanne Zochowski

Mailing Address 310 Spyglass Way

City State Zip Code
Jupiter FL 33477-4049

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

Name of Employer Occupation
Roberts-Marting Secretary

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2016

Transaction ID : AFA61406E89C24EBAB6D

Amount of Each Receipt this Period
300.00

Memo Item
In-kind: Food and drinks for meet and g

B. Full Name (Last, First, Middle Initial)
Blanche Schmader

Mailing Address 109 Hawksbill Way

City State Zip Code
Jupiter FL 33458-7719

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 31 2016

Transaction ID : A2FAC00F2B8A440FAB2C

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Timothy G Connors

Mailing Address 1 Madison Lane

City State Zip Code
Wayne PA 19087-2575

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 29 2016

Transaction ID : A45367ED22F554E4D848

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 9 OF 64
(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)
Kathleen Derbes

Mailing Address 18166 SE Village Circle

City State Zip Code
Tequesta FL 33469-1795

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : AE55E8BB8BD2F4DB19E2

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 199 Regatta Drive

City State Zip Code
Jupiter FL 33477-4012

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : ABBF31DD3DFFB403191C

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ronald Singer

Mailing Address 132 Remo Pl

City State Zip Code
Palm Beach Gardens FL 33418-1740

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : AA100453BE00C405EB76

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 10 OF 64
(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)
Bonnie Re

Mailing Address 2646 NW 63rd Pl

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : AFE850929C6034445B7C

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 19456 Pinetree Dr

City State Zip Code
Jupiter FL 33469-2036

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : AFEF7F5FDA8FC4E1BB20

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 224 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : A028AB0CD451C4C29A22

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 11 OF 64
(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)
Vernon R Alden

Mailing Address 5 Russet Court

City Lincoln State MA Zip Code 01773-3306

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016

Transaction ID : A7CBBA836AE554030B5E

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Rebecca O'Neill

Mailing Address 502 S Beach Rd

City Hobe Sound State FL Zip Code 33455-2801

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : A865F15FC79754E4A886

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Frank H Blatz

Mailing Address 80 Celestial Way
Apt. 204E

City Juno Beach State FL Zip Code 33408-2314

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : A2E0DF4F65881457598A

Amount of Each Receipt this Period
500.00

Memo Item

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 12 OF 64
(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)
Ed Isaacs

Mailing Address 2224 SE Meadow Glen

City State Zip Code
Stuart FL 34997-6550

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : A8800E61D25A14B478F3

Amount of Each Receipt this Period
250.00

Memo Item
In-kind: Food and drinks for meet and g

B. Full Name (Last, First, Middle Initial)
John R Purcell

Mailing Address 14155 US Highway 1

City State Zip Code
Juno Beach FL 33408-1442

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

Name of Employer Occupation
Maka of Turtleland LLC Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : A0E21CFE36268452A81D

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
George H Hall

Mailing Address 5040 Ortega Forest Drive

City State Zip Code
Jacksonville FL 32210-8114

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

Name of Employer Occupation
Jacksonville University Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : AF37CD4664DBD4278AD4

Amount of Each Receipt this Period
1000.00

Memo Item

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: PAGE 13 OF 64
(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)
Rebecca O'Neill

Mailing Address 502 S Beach Rd

City Hobe Sound State FL Zip Code 33455-2801

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2016

Transaction ID : A62BAE920DB7D4616842

Amount of Each Receipt this Period
500.00

Memo Item

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

Memo Item

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

Memo Item

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

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

500.00

10700.00

**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 14 OF 64 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
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 H4FL18068**

Name of Employer Occupation
Carl Domino, Inc. Investment Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
407898.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : AB205DC9E99FE4793B36

Amount of Each Receipt this Period
49999.00

Memo Item
 Candidate Loan

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

Memo Item

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

Memo Item

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

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

49999.00

49999.00

**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 15 OF 64 | |
| | <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. Maryanne Zochowski | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016 |
| Mailing Address 310 Spyglass Way | | Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item |
| City Jupiter | State FL | |
| Zip Code 33477-4049 | Purpose of Disbursement In-kind: Food and drinks for meet and g | Transaction ID : BFA61406E89C24EBAB6D |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ed Isaacs | | Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016 |
| Mailing Address 2224 SE Meadow Glen | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item |
| City Stuart | State FL | |
| Zip Code 34997-6550 | Purpose of Disbursement In-kind: Food and drinks for meet and g | Transaction ID : B8800E61D25A14B478F3 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Harris Media LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016 |
| Mailing Address 611 S. Congress Avenue Suite 400 | | Amount of Each Disbursement this Period 4348.90 <input type="checkbox"/> Memo Item |
| City Austin | State TX | |
| Zip Code 78704-1714 | Purpose of Disbursement Social media solicitation | Transaction ID : B59E5504E96BA4767800 |
| Candidate Name | Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4898.90 |
| 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 16 OF 64 | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Carl Domino

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. The Strategy Group For Media | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016 | |
| Mailing Address 7669 Stagers Loop | | | Amount of Each Disbursement this Period 8267.60 | |
| City Delaware | State OH | Zip Code 43015-7010 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Commercial shoot | | Category/ Type 004 | Transaction ID : BB77F549DEEE34C78850 | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 / 01 / 2016 | |
| Mailing Address 955 Saxon Boulevard | | | Amount of Each Disbursement this Period 45.00 | |
| City Orange City | State FL | Zip Code 32763-8314 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Bank fee | | Category/ Type 001 | Transaction ID : B6F38E8F4FEED45B9A8D | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 04 / 01 / 2016 | |
| Mailing Address 955 Saxon Boulevard | | | Amount of Each Disbursement this Period 12.00 | |
| City Orange City | State FL | Zip Code 32763-8314 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Bank fee | | Category/ Type 001 | Transaction ID : B48D6226B3F904DE6A29 | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8324.60 |
| 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 17 OF 64 | |
| | <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. Advancing Strategies, LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016 |
| Mailing Address P.O. Box 96 | | Amount of Each Disbursement this Period 6627.00 |
| City Midlothian State VA Zip Code 23113-0096 | Purpose of Disbursement Strategic planning 001 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BA1307E7176A0486187C |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. i360 | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016 |
| Mailing Address P.O. Box 37046 | | Amount of Each Disbursement this Period 1250.00 |
| City Baltimore State MD Zip Code 21297-3046 | Purpose of Disbursement Voter data subscription 003 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BC6C763E344DA4066B48 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Thomas Midanek | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016 |
| Mailing Address 843 University Boulevard | | Amount of Each Disbursement this Period 7000.00 |
| City Jupiter State FL Zip Code 33458-3076 | Purpose of Disbursement Campaign Manager 001 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B7DDFEDE29E104085962 |
| State: District: | | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 14877.00 |
| 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 18 OF 64 | | | |
| | <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. Google | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016 |
| Mailing Address 50 Amphitheatre Parkway | | Amount of Each Disbursement this Period 21.77 |
| City Mountain View | State CA | |
| Zip Code 94043-1326 | Purpose of Disbursement Apps | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : BE8D4E81D0DE24B1BA0C |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. C&C Insurance | | Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016 |
| Mailing Address 10306 S. Federal Highway | | Amount of Each Disbursement this Period 549.73 |
| City Port Saint Lucie | State FL | |
| Zip Code 34952-5605 | Purpose of Disbursement Insurance | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : B16D593E617694055985 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 04 / 04 / 2016 |
| Mailing Address 201 S Florida Avenue | | Amount of Each Disbursement this Period 1500.00 |
| City Deland | State FL | |
| Zip Code 32720-5405 | Purpose of Disbursement Accounting | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : B39BACF30B22D4558AEB |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2071.50 |
| 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 19 OF 64 | | | |
| | <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. Mark A. Klaine | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016 | | |
| Mailing Address 825 South US Hwy 1 | | | Amount of Each Disbursement this Period 6000.00 | | |
| City Jupiter | State FL | Zip Code 33477-5976 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Rent | | Category/ Type 001 | Transaction ID : B1336C66C455B4EE7BBB | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <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 / 05 / 2016 | | |
| Mailing Address 955 Saxon Boulevard | | | Amount of Each Disbursement this Period 15.00 | | |
| City Orange City | State FL | Zip Code 32763-8314 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Bank wire fee | | Category/ Type 001 | Transaction ID : B35194A9103944A32B89 | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <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 04 / 07 / 2016 | | |
| Mailing Address 19227 Caribbean Court | | | Amount of Each Disbursement this Period 1187.97 | | |
| City Jupiter | State FL | Zip Code 33469-2073 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Database Management | | Category/ Type 001 | Transaction ID : BEE4D9379EAD64BD7BE5 | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 7202.97 |
| 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 64 | |
| | <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. Arena Communications

Full Name (Last, First, Middle Initial)
Mailing Address 1780 Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104-5102

Purpose of Disbursement Solicitation printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 07 / 2016

Amount of Each Disbursement this Period: 713.00

Memo Item

Transaction ID : BEC784AA4E03B44FDA3E

B. FPL

Full Name (Last, First, Middle Initial)
Mailing Address 270 S Central Blvd. Suite 103

City Jupiter State FL Zip Code 33458-8816

Purpose of Disbursement Electricity

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 14 / 2016

Amount of Each Disbursement this Period: 337.88

Memo Item

Transaction ID : B02B9378B178447ABA4E

C. Comcast

Full Name (Last, First, Middle Initial)
Mailing Address 10435 Ironwood Road

City Palm Beach Gardens State FL Zip Code 33410-4224

Purpose of Disbursement Cable service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2016

Amount of Each Disbursement this Period: 220.00

Memo Item

Transaction ID : B5DCFC24C7C664B53B3E

SUBTOTAL of Disbursements This Page (optional) 1270.88

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 64 | | | |
| | <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. United States Post Office | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016 |
| Mailing Address 1095 Military Trail | | Amount of Each Disbursement this Period 500.00 |
| City Jupiter | State FL | |
| Zip Code 33458-7000 | Purpose of Disbursement Business Reply Permit | Transaction ID : BD0F2841324744F12A0D |
| Candidate Name | Category/ Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Arena Communications | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016 |
| Mailing Address 1780 Sequoia Vista Circle | | Amount of Each Disbursement this Period 3998.00 |
| City Salt Lake City | State UT | |
| Zip Code 84104-5102 | Purpose of Disbursement Ballot petition mailing | Transaction ID : BB83A2FB5F2DC48208B3 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. FPL | | Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016 |
| Mailing Address 270 S Central Blvd. Suite 103 | | Amount of Each Disbursement this Period 51.29 |
| City Jupiter | State FL | |
| Zip Code 33458-8816 | Purpose of Disbursement Electricity | Transaction ID : BA4B72FD68DE04270AFD |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4549.29 |
| 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 22 OF 64 | | | |
| | <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. Harris Media LLC | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016 | | |
| Mailing Address 611 S. Congress Avenue Suite 400 | | | Amount of Each Disbursement this Period 6301.24 | | |
| City Austin | State TX | Zip Code 78704-1714 | <input type="checkbox"/> Memo Item | | |
| Purpose of Disbursement Social media solicitation | | Category/Type 003 | Transaction ID : B381C474FF98D439F97E | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|----------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Eboni McMillian | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016 | | |
| Mailing Address 1337 SW Porter Road | | | Amount of Each Disbursement this Period 260.00 | | |
| City Port Saint Lucie | State FL | Zip Code 34953-4247 | <input type="checkbox"/> Memo Item | | |
| Purpose of Disbursement Door to door get out the vote | | Category/Type 007 | Transaction ID : B53A2B857B6E842899A6 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|----------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Isaiah Roman | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016 | | |
| Mailing Address 474 SW Lakota Ave | | | Amount of Each Disbursement this Period 200.00 | | |
| City Port Saint Lucie | State FL | Zip Code 34953-3029 | <input type="checkbox"/> Memo Item | | |
| Purpose of Disbursement Door to door get out the vote | | Category/Type 007 | Transaction ID : BAF6252DAE8E44D9F9D9 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6301.24 |
| 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 64 | |
| | <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. Mark A. Klaine | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016 |
| Mailing Address 825 South US Hwy 1 | | Amount of Each Disbursement this Period 2000.00 |
| City Jupiter State FL Zip Code 33477-5976 | Purpose of Disbursement Rent Category/Type 001 | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BAF4B6830C8C34C16991 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. BB&T | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016 |
| Mailing Address 955 Saxon Boulevard | | Amount of Each Disbursement this Period 15.00 |
| City Orange City State FL Zip Code 32763-8314 | Purpose of Disbursement Bank wire fee Category/Type 001 | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B38D57ACB92F1461C83E |
| 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 04 / 29 / 2016 |
| Mailing Address 201 S Florida Avenue | | Amount of Each Disbursement this Period 1500.00 |
| City Deland State FL Zip Code 32720-5405 | Purpose of Disbursement Accounting Category/Type 001 | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BCC861D0674CB493591F |
| State: District: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3515.00 |
| 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 64 | | | |
| | <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. Stripe | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016 |
| Mailing Address 3180 18th Street Suite 100 | | Amount of Each Disbursement this Period 59.04 |
| City San Francisco | State CA | |
| Zip Code 94110-2042 | Purpose of Disbursement Credit card processing fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 003 | Transaction ID : BBAD12266746243F5B98 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 05 / 02 / 2016 |
| Mailing Address 955 Saxon Boulevard | | Amount of Each Disbursement this Period 15.00 |
| City Orange City | State FL | |
| Zip Code 32763-8314 | Purpose of Disbursement Bank wire fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : B09253EBEE3574B6A9AF |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Google | | Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016 |
| Mailing Address 50 Amphitheatre Parkway | | Amount of Each Disbursement this Period 25.00 |
| City Mountain View | State CA | |
| Zip Code 94043-1326 | Purpose of Disbursement Campaign Apps | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : B1E0E40786D8141B9AE7 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 99.04 |
| 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 64 | | | |
| | <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 05 / 04 / 2016 | | |
| Mailing Address 205 Pennsylvania Avenue SE | | | Amount of Each Disbursement this Period 11410.00 | | |
| City Washington | State DC | Zip Code 20003-1164 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Software Fee | | Category/ Type 001 | Transaction ID : BC47062597D1748EB94A | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Advancing Strategies, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016 | | |
| Mailing Address P.O. Box 96 | | | Amount of Each Disbursement this Period 5500.00 | | |
| City Midlothian | State VA | Zip Code 23113-0096 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Strategic Planning | | Category/ Type 001 | Transaction ID : BB7D39A652B6F44BCA00 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 05 / 13 / 2016 | | |
| Mailing Address 19227 Caribbean Court | | | Amount of Each Disbursement this Period 796.25 | | |
| City Jupiter | State FL | Zip Code 33469-2073 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Database Management | | Category/ Type 001 | Transaction ID : B2E216DF1C67B4DCD9C4 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 17706.25 |
| 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 26 OF 64 | |
| | <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. Blake Wicklander | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016 |
| Mailing Address 6561 Pierpont Drive | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item |
| City Jupiter | State FL | |
| Zip Code 33469 | Purpose of Disbursement Campaign staff | Transaction ID : BEB6C8CB27357411484D |
| Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Thomas Midanek | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016 |
| Mailing Address 843 University Boulevard | | Amount of Each Disbursement this Period 7000.00 <input type="checkbox"/> Memo Item |
| City Jupiter | State FL | |
| Zip Code 33458-3076 | Purpose of Disbursement Campaign Manager | Transaction ID : B7AD25A43E64A444EA4F |
| Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Comcast | | Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016 |
| Mailing Address 10435 Ironwood Road | | Amount of Each Disbursement this Period 116.74 <input type="checkbox"/> Memo Item |
| City Palm Beach Gardens | State FL | |
| Zip Code 33410-4224 | Purpose of Disbursement Cable service | Transaction ID : B7DD67E95F9F9430A98D |
| Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 8116.74 |
| 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 27 OF 64 | | | |
| | <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 05 / 16 / 2016 | | |
| Mailing Address 205 Pennsylvania Avenue SE | | | Amount of Each Disbursement this Period 2100.00 | | |
| City Washington | State DC | Zip Code 20003-1164 | <input type="checkbox"/> Memo Item | | |
| Purpose of Disbursement Software fee | | Candidate Name | Category/ Type 001 | Transaction ID : BA8BBA7640B1D42DB81D | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|------------------------|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. i360 | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 | | |
| Mailing Address P.O. Box 37046 | | | Amount of Each Disbursement this Period 750.00 | | |
| City Baltimore | State MD | Zip Code 21297-3046 | <input type="checkbox"/> Memo Item | | |
| Purpose of Disbursement Voter database subscription | | Candidate Name | Category/ Type 003 | Transaction ID : BF13736110FBA406598F | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 05 / 23 / 2016 | | |
| Mailing Address 201 S Florida Avenue | | | Amount of Each Disbursement this Period 675.00 | | |
| City Deland | State FL | Zip Code 32720-5405 | <input type="checkbox"/> Memo Item | | |
| Purpose of Disbursement Accounting | | Candidate Name | Category/ Type 001 | Transaction ID : B6126B301AC9A41C7AF0 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3525.00 |
| 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 28 OF 64 | | | |
| | <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. Executive Press, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 |
| Mailing Address 10412 Main Street | | Amount of Each Disbursement this Period 2804.87 |
| City Fairfax | State VA | |
| Zip Code 22030-3324 | Purpose of Disbursement Printing of letters and envelopes | <input type="checkbox"/> Memo Item |
| Candidate Name | 003 Category/ Type | Transaction ID : B69D0B6DCAEAE409981F |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 05 / 23 / 2016 |
| Mailing Address 955 Saxon Boulevard | | Amount of Each Disbursement this Period 4.00 |
| City Orange City | State FL | |
| Zip Code 32763-8314 | Purpose of Disbursement Bank service fee | <input type="checkbox"/> Memo Item |
| Candidate Name | 001 Category/ Type | Transaction ID : B0FD9510FBF4E4EB09A2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. i360 | | Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016 |
| Mailing Address P.O. Box 37046 | | Amount of Each Disbursement this Period 754.80 |
| City Baltimore | State MD | |
| Zip Code 21297-3046 | Purpose of Disbursement Voter Database subscription | <input type="checkbox"/> Memo Item |
| Candidate Name | 003 Category/ Type | Transaction ID : BD1C07C83AF664295A24 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3563.67 |
| 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 64 | | | |
| | <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. Harris Media LLC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016 |
| Mailing Address 611 S. Congress Avenue Suite 400 | | Amount of Each Disbursement this Period 4411.91 |
| City Austin State TX Zip Code 78704-1714 | Purpose of Disbursement Social media solicitation 003 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BE9A7BD7B66314F0DBAD |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Michael Dale | | Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016 |
| Mailing Address 2176 SW Danforth Circle | | Amount of Each Disbursement this Period 270.00 |
| City Palm City State FL Zip Code 34990-7705 | Purpose of Disbursement Door the door get out the vote 007 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BBC5DA5B59227480387A |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Eboni McMillian | | Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016 |
| Mailing Address 1337 SW Porter Road | | Amount of Each Disbursement this Period 330.00 |
| City Port Saint Lucie State FL Zip Code 34953-4247 | Purpose of Disbursement Door to door get out the vote 007 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B6ED94C9920F24EEC94B |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5011.91 |
| 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 64 | |
| | <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. Isaiah Roman | | Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016 |
| Mailing Address 474 SW Lakota Ave | | Amount of Each Disbursement this Period 330.00 |
| City Port Saint Lucie | State FL | |
| Zip Code 34953-3029 | Purpose of Disbursement Door to door get out the vote | <input type="checkbox"/> Memo Item |
| Candidate Name | 007 Category/ Type | Transaction ID : B7CEAAB7AE6E74C79B7F |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Comcast | | Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016 |
| Mailing Address 10435 Ironwood Road | | Amount of Each Disbursement this Period 125.80 |
| City Palm Beach Gardens | State FL | |
| Zip Code 33410-4224 | Purpose of Disbursement Cable Service | <input type="checkbox"/> Memo Item |
| Candidate Name | 001 Category/ Type | Transaction ID : BCB1D9962813E431B98F |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 05 / 27 / 2016 |
| Mailing Address 448 S Hill Street | | Amount of Each Disbursement this Period 399.00 |
| City Los Angeles | State CA | |
| Zip Code 90013-1155 | Purpose of Disbursement Database management | <input type="checkbox"/> Memo Item |
| Candidate Name | 003 Category/ Type | Transaction ID : B48A5159684C4475891E |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 854.80 |
| 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 31 OF 64 | |
| | <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. Thomas Midanek | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 843 University Boulevard | | Amount of Each Disbursement this Period 7000.00 |
| City Jupiter State FL Zip Code 33458-3076 | Purpose of Disbursement Campaign Manager 001 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BC093168DA2A849A59A5 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Blake Wicklander | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 6561 Pierpont Drive | | Amount of Each Disbursement this Period 1000.00 |
| City Jupiter State FL Zip Code 33469 | Purpose of Disbursement Campaign staff 001 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BC5540C0DF5AD457FB59 |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) c. Dickinson and McDonald, P.A | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 201 S Florida Avenue | | Amount of Each Disbursement this Period 1500.00 |
| City Deland State FL Zip Code 32720-5405 | Purpose of Disbursement Accounting 001 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B43B75A5996AD4183AC8 |
| State: District: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9500.00 |
| 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 32 OF 64 | |
| | <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) A. FPL | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 270 S Central Blvd. Suite 103 | | Amount of Each Disbursement this Period 85.51 |
| City Jupiter | State FL Zip Code 33458-8816 | |
| Purpose of Disbursement Electricity | Category/Type 001 | <input type="checkbox"/> Memo Item |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : BF98F32F7384C4B40B11 |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Stripe | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 3180 18th Street Suite 100 | | Amount of Each Disbursement this Period 17.64 |
| City San Francisco | State CA Zip Code 94110-2042 | |
| Purpose of Disbursement Credit card processing fee | Category/Type 003 | <input type="checkbox"/> Memo Item |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : B0791F65045F54BF39CF |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Advancing Strategies, LLC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address P.O. Box 96 | | Amount of Each Disbursement this Period 5817.86 |
| City Midlothian | State VA Zip Code 23113-0096 | |
| Purpose of Disbursement Strategic Planning | Category/Type 001 | <input type="checkbox"/> Memo Item |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : BD28A423C8EC04F12AEE |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5921.01 |
| 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 64 | |
| | <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) A. BB&T | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 955 Saxon Boulevard | | Amount of Each Disbursement this Period 15.00 |
| City Orange City | State FL | |
| Zip Code 32763-8314 | Purpose of Disbursement Bank wire fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type 001 | Transaction ID : BF7322C8C3E3D4FDFB9A |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Matthew Moran | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2016 |
| Mailing Address 1200 Semmes Avenue #234 | | Amount of Each Disbursement this Period 375.00 |
| City Richmond | State VA | |
| Zip Code 23224-2180 | Purpose of Disbursement Press release copy | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type 001 | Transaction ID : BA7639E4F9CA04F94A31 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 MM / DD / YYYY 06 / 06 / 2016 |
| Mailing Address 19227 Caribbean Court | | Amount of Each Disbursement this Period 1540.00 |
| City Jupiter | State FL | |
| Zip Code 33469-2073 | Purpose of Disbursement Database management | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type 001 | Transaction ID : B93C66192282545EF964 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1930.00 |
| 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 64 | |
| | <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) A. Mark A. Klaine | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016 |
| Mailing Address 825 South US Hwy 1 | | Amount of Each Disbursement this Period 2000.00 |
| City Jupiter State FL Zip Code 33477-5976 | Purpose of Disbursement Rent | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : B064360DBACFA4C94BA8 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Victory Phones | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016 |
| Mailing Address 190 Monroe Avenue NW 5th Floor | | Amount of Each Disbursement this Period 3200.00 |
| City Grand Rapids State MI Zip Code 49503-2628 | Purpose of Disbursement Polling | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 005 | Transaction ID : B8BF2392BA123442BBC2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Victorystore.Com | | Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016 |
| Mailing Address 5200 SW 30th Street | | Amount of Each Disbursement this Period 3431.36 |
| City Davenport State IA Zip Code 52802-3039 | Purpose of Disbursement Yard Signs | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 006 | Transaction ID : BCC89F4D10BD64D23BB3 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 8631.36 |
| 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 64 | |
| | <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 06 / 27 / 2016 |
| Mailing Address 448 S Hill Street | | Amount of Each Disbursement this Period 368.00 |
| City Los Angeles | State CA | |
| Zip Code 90013-1155 | Purpose of Disbursement Voter database management | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 003 | Transaction ID : B8D3C66DD6B944B3EA26 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. i360 | | Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016 |
| Mailing Address P.O. Box 37046 | | Amount of Each Disbursement this Period 842.68 |
| City Baltimore | State MD | |
| Zip Code 21297-3046 | Purpose of Disbursement Voter database subscription | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 003 | Transaction ID : B1E7DBC0DE8474D4D871 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <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 / 27 / 2016 |
| Mailing Address 1111 SE Federal Highway | | Amount of Each Disbursement this Period 250.00 |
| City Stuart | State FL | |
| Zip Code 34994 | Purpose of Disbursement Candidate Forum Fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 007 | Transaction ID : B12899220A6F047F2A22 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1460.68 |
| 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 64 | |
| | <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. Nathan Gatto | | Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016 |
| Mailing Address 217 Pagoda Terrace | | Amount of Each Disbursement this Period 1400.00 |
| City Port Saint Lucie State FL Zip Code 34984-4432 | Purpose of Disbursement Door to door get out the vote | <input type="checkbox"/> Memo Item |
| Candidate Name | 007 Category/ Type | Transaction ID : B1EC53D63A72A461A81E |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dickinson and McDonald, P.A | | Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016 |
| Mailing Address 201 S Florida Avenue | | Amount of Each Disbursement this Period 1500.00 |
| City Deland State FL Zip Code 32720-5405 | Purpose of Disbursement Accounting | <input type="checkbox"/> Memo Item |
| Candidate Name | 001 Category/ Type | Transaction ID : B511D93729D014052B64 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Stripe | | Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016 |
| Mailing Address 3180 18th Street Suite 100 | | Amount of Each Disbursement this Period 139.24 |
| City San Francisco State CA Zip Code 94110-2042 | Purpose of Disbursement Credit card processing fee | <input type="checkbox"/> Memo Item |
| Candidate Name | 003 Category/ Type | Transaction ID : BDC100A2EFDBD4A4BB02 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3039.24 |
| 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 64 | |
| | <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. Thomas Midanek | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 843 University Boulevard | | Amount of Each Disbursement this Period 1845.06 |
| City Jupiter State FL Zip Code 33458-3076 | Purpose of Disbursement Ink Paper and computer supplies | |
| Candidate Name | Category/Type 001 | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B0E641DB210A748508D3 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016 |
| Mailing Address 9995 SE Federal Highway | | Amount of Each Disbursement this Period 188.00 |
| City Hobe Sound State FL Zip Code 33455-4829 | Purpose of Disbursement Stamps | |
| Candidate Name | Category/Type 001 | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B100843798DCE43E5B78 |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016 |
| Mailing Address 9995 SE Federal Highway | | Amount of Each Disbursement this Period 125.00 |
| City Hobe Sound State FL Zip Code 33455-4829 | Purpose of Disbursement Business reply permit | |
| Candidate Name | Category/Type 003 | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BA17EB6C72E6546959AA |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1845.06 |
| 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 64 | |
| | <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. Walmart | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016 |
| Mailing Address 2144 W Indiantown Road | | Amount of Each Disbursement this Period 226.41 |
| City Jupiter | State FL | |
| Zip Code 33458-5810 | Purpose of Disbursement Folding tables | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type 001 | Transaction ID : B1F021D8543494F699CE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016 |
| Mailing Address 9995 SE Federal Highway | | Amount of Each Disbursement this Period 340.00 |
| City Hobe Sound | State FL | |
| Zip Code 33455-4829 | Purpose of Disbursement Stamps | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type 001 | Transaction ID : B4A4A74B5F3824DD0A5B |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Thomas Midanek | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016 |
| Mailing Address 843 University Boulevard | | Amount of Each Disbursement this Period 1428.70 |
| City Jupiter | State FL | |
| Zip Code 33458-3076 | Purpose of Disbursement Campaign brochures and T-shirts | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type 006 | Transaction ID : BEF0E4C1C5B0D4A53AC4 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1428.70 |
| 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 64 | |
| | <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. Goprint | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016 |
| Mailing Address 800 Fee Fee Road | | Amount of Each Disbursement this Period 513.77 |
| City Maryland Heights State MO Zip Code 63043-3219 | Purpose of Disbursement Printing - Postcards 006 Category/Type | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B2C3159B7C460459DB29 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Thomas Midanek | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016 |
| Mailing Address 843 University Boulevard | | Amount of Each Disbursement this Period 2141.14 |
| City Jupiter State FL Zip Code 33458-3076 | Purpose of Disbursement Printing and postage 003 Category/Type | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B906E89943FF54EE5ACD |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Goprint | | Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016 |
| Mailing Address 800 Fee Fee Road | | Amount of Each Disbursement this Period 329.59 |
| City Maryland Heights State MO Zip Code 63043-3219 | Purpose of Disbursement Printing - door hangers 006 Category/Type | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BE355CBCA761A4C6FB49 |
| State: District: | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2141.14 |
| 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 64 | |
| | <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) A. Goprint | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016 |
| Mailing Address 800 Fee Fee Road | | Amount of Each Disbursement this Period 118.49 |
| City Maryland Heights State MO Zip Code 63043-3219 | Purpose of Disbursement Printing - Postcards Category/Type 006 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BB45BB1E406B0494E9C7 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2016 |
| Mailing Address 201 N US Hwy 1 | | Amount of Each Disbursement this Period 303.30 |
| City Jupiter State FL Zip Code 33477-5135 | Purpose of Disbursement Stamps and envelopes Category/Type 001 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : BFC055978625E4310B8C |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016 |
| Mailing Address 9995 SE Federal Highway | | Amount of Each Disbursement this Period 188.00 |
| City Hobe Sound State FL Zip Code 33455-4829 | Purpose of Disbursement Stamps Category/Type 001 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : B71C6B1416D7E48E2BA0 |
| State: District: | | |

| | |
|---|------------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 127785.98 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **CA1DAAA8E16249A9B05**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 |
| 100000.00 | 0.00 | 100000.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 09 / 12 / 2014 | None | 0.00 % (apr) | <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)..... | ▶ | 100000.00 |
| 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 : **C795661985B814E8E8F1**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 136 Terrapin Trail

City State ZIP Code
 Jupiter FL 33458-7737

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 25000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 25000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 07 / D 22 / Y 2013
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: 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 : **CF4DDD97D70D74753BDE**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 60000.00 | 0.00 | 60000.00 |

| | | | | |
|--------------|---------------------------------------|-----------------------------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | M M / D D / Y Y Y Y 08 / 23 / 2014 | M M / D D / Y Y Y Y None | 0.00 % (apr) | <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)..... | 60000.00 |
| 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 : **C2B780CE1DB5E400E92E**

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

Mailing Address
 136 Terrapin Trail
 City State ZIP Code
 Jupiter FL 33458-7737

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|--------------------------------|-------------------------------|---|
| Date Incurred M 09 / D 26 / Y 2014 | Date Due M M / D 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: [] |

| | | |
|--|---|-----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 100000.00 |
| 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 : **C016BFEEFACE447599B3**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 50000.00 | 0.00 | 50000.00 |

TERMS

| | | | |
|------------------------|----------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 03 / D 28 / Y 2014 Y | M M / D D / Y None Y | 0.00 % (apr) | <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

NAME OF COMMITTEE (In Full) Transaction ID : C697E740F1A824528BE9
Friends of Carl Domino

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 |
| 100000.00 | 0.00 | 100000.00 |

TERMS

| | | | |
|------------------------|----------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 09 / D 17 / Y 2014 Y | M M / D D / Y None Y | 0.00 % (apr) | <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)..... | 100000.00 |
| 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 : **C3B05664908594755842**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 50000.00 | 0.00 | 50000.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 03 / 18 / 2014 | None | 0.00 % (apr) | <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

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : C355DC418AFC04E3A88A

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 |
| 100000.00 | 0.00 | 100000.00 |

TERMS

| | | | |
|------------------------|------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 10 / D 03 / Y 2014 Y | M / D / Y None Y | 0.00 % (apr) | <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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|--|
| SUBTOTALS This Period This Page (optional)..... | <input type="text" value="100000.00"/> |
| TOTALS This Period (last page in this line only)..... | <input type="text"/> |

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 : **C20BA55040CB142D9B0D**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 50000.00 | 0.00 | 50000.00 |

TERMS

| | | | |
|------------------------|----------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 11 / D 20 / Y 2013 Y | M M / D D / Y None Y | 0.00 % (apr) | <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 : C80F3A844B7424AA1912

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino

Election: 2016

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 |
|-------------------------|----------------------------|---|
| 49900.00 | 0.00 | 49900.00 |

TERMS

Date Incurred: M 03 / D 15 / Y 2016
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: 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)..... ▶ 49900.00

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 : **CC9B25446B56F460D8A6**

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

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 03 / D 07 / Y 2014
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: 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 : **CE62407D3943540CCBB6**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 99000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 99000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 06 / D 30 / Y 2015
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: 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)..... ▶ 99000.00

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 : **C2A43E70F8CFD4EB58C6**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 9000.00 | 0.00 | 9000.00 |

TERMS

| | | | |
|------------------------|----------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 04 / D 10 / Y 2015 Y | M M / D D / Y None Y | 0.00 % (apr) | <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)..... | 9000.00 |
| 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 : **C979843984C654CFC9B7**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 136 Terrapin Trail
 City State ZIP Code
 Jupiter FL 33458-7737

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 99999.99 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 99999.99 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|--------------------------------|-------------------------------|---|
| Date Incurred M 06 / D 01 / Y 2015 | Date Due M M / D 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: [] |

| | | |
|--|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 99999.99 |
| 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 : **C683D642F0F684A8BB08**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 09 / D 18 / Y 2015
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: 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 : C2B261BF2BB254FB082C

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino

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
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / 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)..... ▶ 100000.00

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 : **C3CDF4669F62F461F989**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 50000.00 | 0.00 | 50000.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 08 / 20 / 2013 | None | 0.00 % (apr) | <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

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **CF5247597B7BA4511A7C**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 50000.00 | 0.00 | 50000.00 |

TERMS

| | | | |
|----------------------|----------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 12 / D 14 / Y 2015 | M / D / Y None | 0.00 % (apr) | <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 : CB205DC9E99FE4793B36

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino

Election: 2016
 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
49999.00 0.00 49999.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / 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)..... ▶ 49999.00

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 : **C3C643D81F26E4B32827**

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

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

Date Incurred: M 10 / D 29 / Y 2014
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: 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)..... ▶ 100000.00

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 : **CD682B4C5F30B4C6F957**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carl J Domino | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 |
| 50000.00 | 0.00 | 50000.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 09 / 17 / 2013 | None | 0.00 % (apr) | <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

NAME OF COMMITTEE (In Full) **Friends of Carl Domino** Transaction ID : **CE31803D0DF4A4475982**

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

Mailing Address
136 Terrapin Trail

City State ZIP Code
Jupiter FL 33458-7737

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 10 / D 18 / Y 2013
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: 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 : C06B3A1CE6349472496F

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carl J Domino

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
100000.00 0.00 100000.00

TERMS Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / 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)..... ▶ 100000.00

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 : **C25D42374E98D4564AFB**

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

Mailing Address
 136 Terrapin Trail
 City State ZIP Code
 Jupiter FL 33458-7737

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 50000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 50000.00 |
|-------------------------------------|------------------------------------|---|

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: [] |

| | |
|--|------------|
| SUBTOTALS This Period This Page (optional)..... | 50000.00 |
| TOTALS This Period (last page in this line only)..... | 1592898.99 |

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