

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Friends of Byron Donalds

ADDRESS (number and street) ▼

11216 Tamiami Trail North, #132

Check if different than previously reported. (ACC)

Naples

FL

34110

2. **FEC IDENTIFICATION NUMBER** ▼

C C00509877

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

FL

14

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BYRON Lowell DONALDS

Signature of Treasurer BYRON Lowell DONALDS

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Byron Donalds

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))....	22626.42	22626.42
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22626.42	22626.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12095.46	12095.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12095.46	12095.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10530.96	
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).....	0.00	

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 Byron Donalds

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11773.40	11773.40
(ii) Unitemized.....	7015.00	7015.00
(iii) TOTAL of contributions from individuals ▶	18788.40	18788.40
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) The Candidate.....	1338.02	1338.02
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22626.42	22626.42
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	22626.42	22626.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12095.46	12095.46
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12095.46	12095.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22626.42
25. SUBTOTAL (add Line 23 and Line 24).....	22626.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12095.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10530.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
Philip Baker

Mailing Address 5781 Golden Oaks Lane

City Naples State FL Zip Code 34119

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

Name of Employer: Orek Vacume Store Occupation: Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2012

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Gregory Cain

Mailing Address 690 Grand Rapids Blvd

City Naples State FL Zip Code 34120

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

Name of Employer: EXEL Occupation: Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : SA11AI.4319

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Jamie Cain

Mailing Address 690 Grand Rapids Blvd

City Naples State FL Zip Code 34120

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

Name of Employer: Retired Occupation: Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2012

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period
 100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<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 Byron Donalds

A. Full Name (Last, First, Middle Initial)
Jamie Cain

Mailing Address 690 Grand Rapids Blvd

City Naples State FL Zip Code 34120

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

Name of Employer Retired Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period
 In-Kind **200.00**

B. Full Name (Last, First, Middle Initial)
David Easlick

Mailing Address 3734 Rachel Lane

City Naples State FL Zip Code 34102

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1237.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
 In-Kind **1237.50**

C. Full Name (Last, First, Middle Initial)
Christina Forbes

Mailing Address 3736 Rachel Lane

City Naples State FL Zip Code 34103

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

Name of Employer Accessories Etc Inc Occupation Interior Design

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
 In-Kind **50.00**

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

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

1487.50

**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 35
	<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 Byron Donalds

A. Full Name (Last, First, Middle Initial)
Paul Foslien

Mailing Address 14821 Fripp Island Court

City Naples State FL Zip Code 34119

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

Name of Employer Living Word Family Church Occupation Pastor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Kathleen Gray

Mailing Address 5007 Cerromar Dr

City Naples State FL Zip Code 34112

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Randy Harris

Mailing Address 1090 S. Collier Blvd
Apt. 514

City Marco Island State FL Zip Code 34145

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

Name of Employer Retired Occupation Previous Business Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
250.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<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 Byron Donalds

A. Full Name (Last, First, Middle Initial)
James Hartman

Mailing Address 4731 Bonita Bay Blvd.
PH201

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carolyn Haynes

Mailing Address 570 El Camino Real Blvd
#2302

City State Zip Code
Naples FL 34119

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
David Jacinto

Mailing Address 3512 Islandwalk Circle

City State Zip Code
Naples FL 34119

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

Name of Employer Occupation
Collier County Schools Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
50.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<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 Byron Donalds

A. Full Name (Last, First, Middle Initial)
Gayla Lees

Mailing Address 7602 Deer Path Lane

City Land O' Lakes State FL Zip Code 34637

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

Name of Employer The Real Connection, Inc. Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **585.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
485.90

In-Kind

B. Full Name (Last, First, Middle Initial)
Gayla Lees

Mailing Address 7602 Deer Path Lane

City Land O' Lakes State FL Zip Code 34637

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

Name of Employer The Real Connection, Inc. Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **635.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Clifton Lees, Sr.

Mailing Address P.O. Box 647

City Homosassa State FL Zip Code 34487

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
2500.00

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

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

3035.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<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 Byron Donalds

A. Full Name (Last, First, Middle Initial)
Larry Lohman

Mailing Address 5941 Paradise Circle

City Naples	State FL	Zip Code 34110
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Larry Lohman

Mailing Address 5941 Paradise Circle

City Naples	State FL	Zip Code 34110
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.4387

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carol Manning

Mailing Address 2352 Magnolia Lane, Apt. 4

City Naples	State FL	Zip Code 34112
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
	<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 Byron Donalds

A. Full Name (Last, First, Middle Initial)
Glenda Mitchell

Mailing Address 4453 Brynwood Dr.

City Naples State FL Zip Code 34119

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

Name of Employer N/A Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Laken Mitchell

Mailing Address 4453 Brynwood Dr.

City Naples State FL Zip Code 34119

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

Name of Employer CMG Life Services, Inc. Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Gilbert Sanabria

Mailing Address 2730 8th Avenue NE

City Naples State FL Zip Code 34120

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

Name of Employer GST Pro DJ Productions LLC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2012

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period
 300.00

In-Kind

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<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 Byron Donalds

A. Full Name (Last, First, Middle Initial)
Gilbert Sanabria

Mailing Address 2730 8th Avenue NE

City Naples State FL Zip Code 34120

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

Name of Employer GST Pro DJ Productions LLC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2012

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
400.00

In-Kind

B. Full Name (Last, First, Middle Initial)
Gilbert Sanabria

Mailing Address 2730 8th Avenue NE

City Naples State FL Zip Code 34120

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

Name of Employer GST Pro DJ Productions LLC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2012

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period
450.00

In-Kind

C. Full Name (Last, First, Middle Initial)
Carl Schumacher

Mailing Address 1335 Sweetwater Cove #101

City Naples State FL Zip Code 34110

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

Name of Employer Weigold One Hour A/C Occupation A/R Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2012

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
250.00

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

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

1100.00

11773.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
GOOOH

Mailing Address 181 Rio Gabriel Dr.

City State Zip Code
Liberty Hill TX 78642-5782

FEC ID number of contributing federal political committee. **C** C00441568

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11C.4356

Amount of Each Receipt this Period
2500.00

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

2500.00

**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 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11D.4150

Amount of Each Receipt this Period

In-kind - Staples

B. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11D.4130

Amount of Each Receipt this Period

In-kind - Staples

C. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
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FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11D.4148

Amount of Each Receipt this Period

In-kind - Staples

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
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FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
267.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 17 / 2012

Transaction ID : SA11D.4122

Amount of Each Receipt this Period
100.00

In-kind - Pack Ship

B. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
286.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 17 / 2012

Transaction ID : SA11D.4125

Amount of Each Receipt this Period
19.18

In-kind - UPS Shipment to FEC

C. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
309.94

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 18 / 2012

Transaction ID : SA11D.4200

Amount of Each Receipt this Period
23.72

In-kind - Staples

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

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

142.90

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

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

FOR LINE NUMBER: PAGE 16 OF 35

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 11e 15
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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

Full Name (Last, First, Middle Initial) BYRON Lowell DONALDS		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2012	
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Transaction ID : SA11D.4156	
City NAPLES	State FL	Zip Code 34110	
FEC ID number of contributing federal political committee. C H2FL14186		Amount of Each Receipt this Period 37.10	
Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 347.04		

Full Name (Last, First, Middle Initial) BYRON Lowell DONALDS		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 20 / 2012	
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Transaction ID : SA11D.4154	
City NAPLES	State FL	Zip Code 34110	
FEC ID number of contributing federal political committee. C H2FL14186		Amount of Each Receipt this Period 258.81	
Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 605.85		

Full Name (Last, First, Middle Initial) BYRON Lowell DONALDS		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2012	
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Transaction ID : SA11D.4158	
City NAPLES	State FL	Zip Code 34110	
FEC ID number of contributing federal political committee. C H2FL14186		Amount of Each Receipt this Period 52.17	
Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 658.02		

SUBTOTAL of Receipts This Page (optional).....	348.08
TOTAL This Period (last page this line number only).....	(Empty box)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
776.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : SA11D.4127

Amount of Each Receipt this Period
118.42

In-kind - Staples (Fundraiser invitations)

B. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
849.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : SA11D.4152

Amount of Each Receipt this Period
73.14

In-kind - Signs To Go (business cards)

C. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
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FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
903.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : SA11D.4160

Amount of Each Receipt this Period
54.00

In-kind - postage

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

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

245.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
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FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
943.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2012

Transaction ID : SA11D.4333

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1060.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2012

Transaction ID : SA11D.4340

Amount of Each Receipt this Period
116.81

In-Kind

C. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1070.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2012

Transaction ID : SA11D.4341

Amount of Each Receipt this Period
10.00

In-Kind

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

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

166.81

**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 19 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11D.4342

Amount of Each Receipt this Period

In-Kind

B. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11D.4343

Amount of Each Receipt this Period

In-Kind

C. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11D.4344

Amount of Each Receipt this Period

In-Kind

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1255.31

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2012

Transaction ID : SA11D.4334

Amount of Each Receipt this Period
1.94

B. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1255.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2012

Transaction ID : SA11D.4335

Amount of Each Receipt this Period
0.49

C. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer CMG Life Services, Inc.	Occupation Portfolio Manager
---	---------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1260.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2012

Transaction ID : SA11D.4336

Amount of Each Receipt this Period
5.00

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

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

7.43

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

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

FOR LINE NUMBER: PAGE 21 OF 35
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Byron Donalds

A. Full Name (Last, First, Middle Initial)
BYRON Lowell DONALDS

Mailing Address 11216 TAMIAMI TRAIL NORTH #132

City State Zip Code
NAPLES FL 34110

FEC ID number of contributing federal political committee. **C H2FL14186**

Name of Employer Occupation
CMG Life Services, Inc. Portfolio Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1338.02

Date of Receipt
 / /

Transaction ID : SA11D.4345

Amount of Each Receipt this Period
77.22

In-Kind

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
 / /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

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

77.22

1297.98

**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 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. Artype, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 3530 Work Drive		Amount of Each Disbursement this Period 527.35
City Fort Myers	State FL	
Zip Code 33916	Purpose of Disbursement Signage	Transaction ID : SB17.4476
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jamie Cain		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 690 Grand Rapids Blvd		Amount of Each Disbursement this Period 200.00
City Naples	State FL	
Zip Code 34120	Purpose of Disbursement In-kind - St. Pats Parade Entrance	Transaction ID : SB17.4565
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 100.00
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Pack Ship	Transaction ID : SB17.4123
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	827.35
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 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 19.18 Transaction ID : SB17.4126
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - UPS Shipment to FEC	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 14	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 23.72 Transaction ID : SB17.4201
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Staples	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 14	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 37.10 Transaction ID : SB17.4157
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Staples	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: FL District: 14	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	80.00
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 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 258.81 Transaction ID : SB17.4155
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Staples	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 52.17 Transaction ID : SB17.4159
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Gas (Conservatives United - Orlando)	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) C. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 118.42 Transaction ID : SB17.4128
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Staples (Fundraiser invitations)	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	429.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35		
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 73.14 Transaction ID : SB17.4153
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Signs To Go (business cards)	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 54.00 Transaction ID : SB17.4161
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - postage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) C. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 116.81 Transaction ID : SB17.4563
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Telephone	Category/ Type
Candidate Name BYRON Lowell DONALDS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	243.95
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 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4564
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Tickets	Category/ Type
Candidate Name BYRON Lowell DONALDS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 100.69 Transaction ID : SB17.4566
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Tent	Category/ Type
Candidate Name BYRON Lowell DONALDS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) C. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 48.73 Transaction ID : SB17.4567
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Telephone	Category/ Type
Candidate Name BYRON Lowell DONALDS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

SUBTOTAL of Disbursements This Page (optional).....	159.42
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 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 33.56 Transaction ID : SB17.4568
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Printing	Category/ Type
Candidate Name BYRON Lowell DONALDS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. BYRON Lowell DONALDS		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2012
Mailing Address 11216 TAMIAMI TRAIL NORTH #132		Amount of Each Disbursement this Period 77.22 Transaction ID : SB17.4572
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - Printing	Category/ Type
Candidate Name BYRON Lowell DONALDS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) c. David Easlick		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2012
Mailing Address 3734 Rachel Lane		Amount of Each Disbursement this Period 1237.50 Transaction ID : SB17.4571
City Naples	State FL	
Zip Code 34102	Purpose of Disbursement In-kind - Attendants for fundraiser event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1348.28
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 35			
	<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 Byron Donalds

Full Name (Last, First, Middle Initial)
A. Just Buttons

Mailing Address 59 School Ground Road Unit 7

City Branford State CT Zip Code 06405

Purpose of Disbursement Buttons

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2012

Amount of Each Disbursement this Period: 114.00

Transaction ID : SB17.4495

Full Name (Last, First, Middle Initial)
B. Gayla Lees

Mailing Address 7602 Deer Path Lane

City Land O' Lakes State FL Zip Code 34637

Purpose of Disbursement In-kind - Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 15 / 2012

Amount of Each Disbursement this Period: 485.90

Transaction ID : SB17.4569

Full Name (Last, First, Middle Initial)
c. Naples Tomato

Mailing Address 14700 Tamiami Trail N.

City Naples State FL Zip Code 34110

Purpose of Disbursement Event catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 19 / 2012

Amount of Each Disbursement this Period: 640.00

Transaction ID : SB17.4503

SUBTOTAL of Disbursements This Page (optional) 1239.90

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 29 OF 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. Net Brands Media Corp		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 4850 Wright Road, Suite 100		Amount of Each Disbursement this Period 219.00 Transaction ID : SB17.4505
City Stafford	State TX	
Zip Code 77477	Purpose of Disbursement Parade supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Premier Trolley Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012
Mailing Address 4280 Gulf Shore Blvd. North		Amount of Each Disbursement this Period 924.50 Transaction ID : SB17.4513
City Naples	State FL	
Zip Code 34103	Purpose of Disbursement Trolley	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Preston Lees		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 875 White Swan Dr. #102		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4515
City Tampa	State FL	
Zip Code 33614	Purpose of Disbursement Graphic design	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1443.50
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 30 OF 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. Republican Party of Collier County		Date of Disbursement MM / DD / YYYY 02 / 14 / 2012
Mailing Address P O Box 7367		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4208
City Naples	State FL	
Zip Code 34101	Purpose of Disbursement Candidate Forum Cruise Tickets	Category/ Type 007
Candidate Name Friends of Byron Donalds	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 14	

Full Name (Last, First, Middle Initial) B. Republican Party of Collier County		Date of Disbursement MM / DD / YYYY 03 / 13 / 2012
Mailing Address P O Box 7367		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.4518
City Naples	State FL	
Zip Code 34101	Purpose of Disbursement Tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Republican Party of Collier County		Date of Disbursement MM / DD / YYYY 03 / 26 / 2012
Mailing Address P O Box 7367		Amount of Each Disbursement this Period 320.00 Transaction ID : SB17.4519
City Naples	State FL	
Zip Code 34101	Purpose of Disbursement Tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 35			
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. Gilbert Sanabria		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2012
Mailing Address 2730 8th Avenue NE		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4562
City Naples	State FL	
Zip Code 34120	Purpose of Disbursement In-kind - Equipment Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Gilbert Sanabria		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2012
Mailing Address 2730 8th Avenue NE		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4570
City Naples	State FL	
Zip Code 34120	Purpose of Disbursement In-kind - Equipment Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Gilbert Sanabria		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2012
Mailing Address 2730 8th Avenue NE		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4573
City Naples	State FL	
Zip Code 34120	Purpose of Disbursement In-kind - Equipment Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1150.00
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 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. Sarasota Trolley		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 3714 Allenwood Street		Amount of Each Disbursement this Period 1050.00
City Sarasota State FL Zip Code 34232	Category/Type	
Purpose of Disbursement Trolley	Candidate Name	Transaction ID : SB17.4523
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 91.46
City Naples State FL Zip Code 34110	Category/Type	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.4536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 40.13
City Naples State FL Zip Code 34110	Category/Type	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.4537
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1181.59
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 35			
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 116.59
City Naples	State FL	
Zip Code 34110	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4538
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 116.59
City Naples	State FL	
Zip Code 34110	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4539
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 144.00
City Naples	State FL	
Zip Code 34110	Purpose of Disbursement Postage	Transaction ID : SB17.4540
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	377.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 35			
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 90.04
City Naples	State FL	
Zip Code 34110	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4541
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 47.47
City Naples	State FL	
Zip Code 34110	Purpose of Disbursement Printing	Transaction ID : SB17.4542
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 13585 N. Tamiami Trail Ste 12		Amount of Each Disbursement this Period 15.89
City Naples	State FL	
Zip Code 34110	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4543
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	153.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 35	
	<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 Byron Donalds

Full Name (Last, First, Middle Initial) A. StickerGiant.com Inc			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012	
Mailing Address P.O. Box 301			Amount of Each Disbursement this Period 259.39	
City Hygiene	State CO	Zip Code 80533	Transaction ID : SB17.4546	
Purpose of Disbursement Bumper stickers		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Swamp Buggy Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012	
Mailing Address 8250 Collier Boulevard			Amount of Each Disbursement this Period 300.00	
City Naples	State FL	Zip Code 34114	Transaction ID : SB17.4549	
Purpose of Disbursement Swamp Buggy Races		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	559.39
TOTAL This Period (last page this line number only).....	9893.36