

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

12FE4ME FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

Friends of Carl Domino

ADDRESS (number and street)

136 Terrapin Trail

(Check if address
is changed)

Jupiter

FL

33458

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

lgwiil.dercpa@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.freewebs.com/louisdomino

2. DATE 07 14 2013

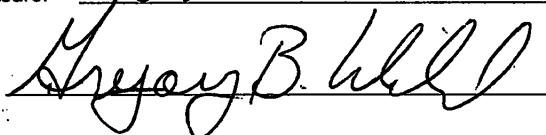
3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Gregory B Wilder

Signature of Treasurer



Date 07 14 2013

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Carl J. Domino

Candidate Party Affiliation

Rep

Office Sought:

House

Senate

President

State

FL

District

18

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.		

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number
2. FEC ID number
3. FEC ID number
4. FEC ID number

Write or Type Committee Name

Friends of Carl Domino

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address	<input style="width: 150px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 150px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 150px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/>	
	<input style="width: 150px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 150px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/>	
	<input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	
CITY	STATE	ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name **Gregory B. Wilder**

Mailing Address 2140 Three M Trail

DeLand, Florida 32720 | FL | 32720

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 386-1734-3978

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

**Full Name
of Treasurer**

Gregory B. Wilder

Mailing Address

2140 Three M Trail

DeLand

CITY

STATE

2720

ZIP CODE

Title or Position

Treasurer

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

1955 Saxon Boulevard

Orange City

FL

32763

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/16/13
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMK</i>	<i>7/12/13</i>
PREPARER (7/2013)	DATE PREPARED