

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
Izzo For Congress

ADDRESS (number and street) PO Box 7673
 Check if different than previously reported. (ACC) Wilmington DE 19803

2. **FEC IDENTIFICATION NUMBER** C C00548040 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) DE 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

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

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

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

Type or Print Name of Treasurer Kevin Izzo

Signature of Treasurer Kevin Izzo *[Electronically Filed]* Date M M / D D / Y Y Y Y 03 / 31 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Izzo For Congress

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))....	175.00	585.00
(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)).....	175.00	585.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	210.00
(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)).....	0.00	210.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1163.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	3000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	11500.00	

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

Izzo For Congress

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).....	0.00	105.00
(ii) Unitemized.....	175.00	480.00
(iii) TOTAL of contributions from individuals ▶	175.00	585.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	175.00	585.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	11500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	11500.00
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)..... ▶	175.00	12085.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	210.00
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	4052.86	10711.03
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4052.86	10921.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5041.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	175.00
25. SUBTOTAL (add Line 23 and Line 24).....	5216.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4052.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1163.97

**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 5 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
Izzo For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Admark		M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 270 Hopewell Drive		Amount of Each Disbursement this Period 340.00
City Allentown	State PA Zip Code 18104	
Purpose of Disbursement Printing	Category/Type	Transaction ID : SB21.4174
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. BGA		M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 102 Constitution Drive		Amount of Each Disbursement this Period 540.00
City Downingtown	State PA Zip Code 19335	
Purpose of Disbursement Printing	Category/Type	Transaction ID : SB21.4185
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. BGA		M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 102 Constitution Drive		Amount of Each Disbursement this Period 600.00
City Downingtown	State PA Zip Code 19335	
Purpose of Disbursement Printing	Category/Type	Transaction ID : SB21.4203
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1480.00
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 6 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. BGA		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 102 Constitution Drive		Amount of Each Disbursement this Period 580.00 Transaction ID : SB21.4204
City Downingtown	State PA	
Zip Code 19335	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BGA		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 102 Constitution Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4216
City Downingtown	State PA	
Zip Code 19335	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Kevin Michael Izzo		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address PO Box 7673		Amount of Each Disbursement this Period 100.00 Transaction ID : SB21.4221
City Wilmington	State DE	
Zip Code 19803	Purpose of Disbursement Reimbursement - Lunch for volunteers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1180.00
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 7 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Kevin Michael Izzo		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address PO Box 7673		Amount of Each Disbursement this Period 222.00 Transaction ID : SB21.4224
City Wilmington	State DE	
Zip Code 19803	Purpose of Disbursement Reimbursement - CPAC - Food & Dinks	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Kevin Michael Izzo		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address PO Box 7673		Amount of Each Disbursement this Period 40.00 Transaction ID : SB21.4225
City Wilmington	State DE	
Zip Code 19803	Purpose of Disbursement Reimbursement - Video Shoot Lunch	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 62.00 Transaction ID : SB21.4176
City Talleville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	222.00
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 8 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 78.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4177
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 50.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4178
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 74.56
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4196
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	202.56
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 9 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 73.40 Transaction ID : SB21.4197
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 72.50 Transaction ID : SB21.4213
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 74.80 Transaction ID : SB21.4214
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	220.70
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 10 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 48.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4212
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 69.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4210
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 60.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4215
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	177.00
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 11 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 33.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4211
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 59.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel	Transaction ID : SB21.4209
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	92.00
TOTAL This Period (last page this line number only).....	3574.26

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Izzo For Congress** Transaction ID : **SC/9.4187**

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

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 7673

City State ZIP Code
Wilmington DE 19803

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 12 / D 06 / Y 2013
Date Due: M / D / Y
Interest Rate: % (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).....	3000.00
TOTALS This Period (last page in this line only).....	3000.00

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) **Izzo For Congress** Transaction ID : **SC/10.4102**

LOAN SOURCE Full Name (Last, First, Middle Initial) Rose Izzo	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 7673	

City	State	ZIP Code
Wilmington	DE	19803

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11500.00	0.00	11500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 30 / 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).....	▶	11500.00
TOTALS This Period (last page in this line only).....	▶	11500.00

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