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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		SBURSE Authorized Co	emmittee			Office Use Only
NAME OF COMMITTEE (in fu	TYPE OR PRIN	IT ▼	Example: If typin over the lines.	g, type	12FE4M5	
Izzo For Congre	ess					
ADDRESS (number and	street)	y Drive				
Check if different than previous reported. (ACC	ly Wilmington				DE 1	9810
2. <b>FEC IDENTIFICA</b>	TION NUMBER ▼	CITY A			STATE A	ZIP CODE
C C00548040		3. IS THIS REPORT	X NEW (N)	OR	AMENDI (A)	STATE ▼ DISTRICT  ED  DE  01
(a) Quarterly Rep	Quarterly Report (Q1)	(b) 12-Day <b>P</b>	RE-Election Repo		General (12	
	Quarterly Report (Q2)	Election	on	D D /	Y	in the State of
January 3	31 Year-End Report (YE)	(c) 30-Day <b>P</b>	OST-Election Rep	port for the:		
			General (300	i)	Runoff (301	R) Special (30S)
Terminatio	on Report (TER)	Election	on M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 01	/ 2016	through	M M M 03	/ 31 /	2016
I certify that I have exactly a Print Name of	amined this Report and t	-	knowledge and	belief it is tr	rue, correct and	complete.
Signature of Treasurer	Kevin Michael Izzo		[Electronically	Filed] [	Date 03	31 / 2016
	lse, erroneous, or incompl	ete information m	ay subject the per	son signing t	this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Izzo For	Congress
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01 03 31 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 13.00 30.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 13.00 30.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 13.00 30.00 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 13.00 30.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 16.98 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 3000.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 12888.00 Schedule C and/or Schedule D).....

#### 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)

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Write or Type Committee Name

### Izzo For Congress

01 01 2016 03 31 2016 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	0.00
	(ii) Unitemized	13.00	30.00
	(iii) TOTAL of contributions from individuals	13.00	30.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	13.00	30.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	93.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	93.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
3.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	13.00	123.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	13.00	30.00
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	0.00	93.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	13.00	123.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	16.98
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	13.00
25.	SUBTOTAL (add Line 23 and Line 24)		29.98
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	13.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	16.98

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

8

PAGE 5

OANS			Detailed Summary Pa		(check only one)	-	13a 13b
AME OF COMMITTEE (In Full)			Transa	ction	ID : SC/9.4187		
zzo For Congress							
LOAN SOURCE Full Name	(Last, First, Middle	Initial)	Memo Item	Ele	ection: 2014		
Rose Izzo				X	Primary		
Mailing Address				+	General Other (specify) ▼		
PO Box 7673							
City	Sta	ate ZIP Co	de				
Wilmington	Γ	DE 19803					
Original Amount of Loan	C	umulative Payment To	Date Bal	ance	Outstanding at Close	of Thi	s Perioc
	3000.00		0.00			3000.0	00
TERMS	-	7			7		
Date Incurred		Date Due	Interest Rat	te	Se	cured:	
<sup>M</sup> 12 <sup>M</sup> / D06 <sup>D</sup> / Y	Ž013	M / D D / Y	YYY		% (apr)		X
List All Endorsers or Guara	antors (if any) to L	oan Source			(4)	Yes	No
1. Full Name (Last, First, M	* **		Name of Employer				
Mailing Address			Occupation				
Walling Address			Cocapation				
211			Amount Guaranteed	-			1
City	State	ZIP Code	Outstanding:	7			1
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
			Amount	-			1
City	State 2	ZIP Code	Guaranteed Outstanding:	7			
3. Full Name (Last, First, Min	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
			Amount	_		_	
City	State 2	ZIP Code	Guaranteed Outstanding:	7			
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State 2	ZIP Code	Amount Guaranteed				1
			Outstanding:	7	7		
SUBTOTALS This Period This	Page (optional)		······		7	3000.0	)0
TOTALS This Period (last page	in this line only)				7	3000.0	)0
Carry outstanding balance only	v to LINE 3 School	ule D for this line If	no Schedule D. carry for	ward	to appropriate line	of Sup	nmary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 6

X	13a
	13b

8

OF

DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)			Transa	action ID : SC/10.4102
zo For Congress				
Rose Izzo	t, First, Midd	le Initial)	Memo Item	Election: 2014  Primary  General
Mailing Address PO Box 7673				Other (specify) ▼
City	S	State ZIP Co	ode	
Wilmington		DE 19803		
Original Amount of Loan	00.00	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
TERMS  Date Incurred		Date Due	Interest Ra	te Secured:
M 08 / D 30 / Y 201:	Y Y	M / D D / Y	none Y	% (apr)
List All Endorsers or Guarantor	s (if any) to	Loan Source		Yes No
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 0
UBTOTALS This Period This Page	(optional)		<u> </u>	11500.00
OTALS This Period (last page in the	nis line only).			
arry outstanding balance only to	LINE 3, Sche	dule D, for this line. If	no Schedule D, carry for	rward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

X	13a
	13b

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OF

DANS			Detailed Summar		(check only one	<u>&gt;</u>	_	3a 3b
AME OF COMMITTEE (In Full)			Tra	nsaction	ID : SC/10.4320			
zzo For Congress								
LOAN SOURCE Full Name (Las	st, First, Middle	e Initial)	Memo Item		ction: 2014 Primary General			
Mailing Address PO Box 7673					Other (specify)	<b>r</b>		
City	St	tate ZIP Cod	de					
Wilmington		DE 19803						
Original Amount of Loan	(	Cumulative Payment To	Date	Balance	Outstanding at Clo	ose of Thi	s Pe	eriod
12	295.00		0.00		2 2	1295.0	)0	
Date Incurred  M 08  / D 25  / Y 201	14 Y	Date Due	Interest none	Rate 0.00	% (apr)	Secured:	X	]
List All Endorsers or Guaranto	rs (if any) to I	oan Source			70 (ap.)	Yes	_	No
Full Name (Last, First, Middle       Full Name (Last, First, Middle	` • • • • • • • • • • • • • • • • • • •	edir oduloc	Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			]	
2. Full Name (Last, First, Middle	nitial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7			]	
3. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			]	
4. Full Name (Last, First, Middle	nitial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			]	
SUBTOTALS This Period This Page	e (optional)				7	1295.0	)0	
TOTALS This Period (last page in t	this line only)				7		_	
Carry outstanding balance only to	LINE 3. Sched	ule D. for this line. If	no Schedule D. carry	forward	to appropriate lin	ne of Sum		ırv.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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	13b

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OF

OANS				itegory of the immary Page	(check only on	e) X 13a
AME OF COMMITTEE (In Full)			,	Transactio	n ID : SC/10.4403	
zzo For Congress						
LOAN SOURCE Full Name (Last, Rose Izzo  Mailing Address	First, Middle Initial)		Mem	-	Primary General Other (specify)	
2115 Coventry Drive					Other (specify)	
City	State	ZIP Cod	le			
Wilmington	DE	19810				
Original Amount of Loan	Cumulat	ive Payment To	Date	Balance	e Outstanding at Cl	ose of This Period
93	.00		0.00	_ L.		93.00
Date Incurred  M 09 / D 25 / Y 2015	Y M M /	Date Due	Y " Y " Y	nterest Rate 0.00	% (apr)	Secured:
List All Endorsers or Guarantors	(if any) to Loan S	ource		-	ν (αρ.)	Yes No
1. Full Name (Last, First, Middle I	· • • • • • • • • • • • • • • • • • • •		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,		
2. Full Name (Last, First, Middle In	itial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,		
3. Full Name (Last, First, Middle In	itial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, Middle In	itial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,		
SUBTOTALS This Period This Page (	optional)			<b>.</b>	7 7	93.00
TOTALS This Period (last page in this	line only)			· [_	. , ,	12888.00
Carry outstanding balance only to LII	NE 3. Schedule D.	for this line. If r	o Schedule D	. carry forwar	d to appropriate li	ne of Summary