

# 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  
Rick Kozell for Congress

ADDRESS (number and street) PO Box 2172  
Check if different than previously reported. (ACC) Jupiter FL 33468-2172

2. **FEC IDENTIFICATION NUMBER** ▼ C C00579102 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
FL 18

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 through M M / D D / Y Y Y Y  
07 / 01 / 2015 through 09 / 30 / 2015

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 Paul Kilgore  
Signature of Treasurer Paul Kilgore [Electronically Filed] Date M M / D D / Y Y Y Y  
10 / 15 / 2015

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  
**Rick Kozell for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

	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))....	76759.00	177400.02
(b) Total Contribution Refunds (from Line 20(d)) .....	1500.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75259.00	175900.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	25471.37	28450.30
(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)).....	25471.37	28450.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	147577.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100.00	

**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

**Rick Kozell for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	64250.00	156000.00
(ii) Unitemized.....	8509.00	15400.02
(iii) TOTAL of contributions from individuals ▶	72759.00	171400.02
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	6000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	76759.00	177400.02
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	25.68	27.49
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	76784.68	177527.51

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25471.37	28450.30
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 .....	1500.00	1500.00
(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)).....	1500.00	1500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26971.37	29950.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	97763.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76784.68
25. SUBTOTAL (add Line 23 and Line 24).....	174548.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26971.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	147577.21

**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 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Adam Schwartz**

Mailing Address 1790 NW River Trail

City: Stuart State: FL Zip Code: 34994-9449

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

Name of Employer: Akerman, LLP Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 09 / 29 / 2015

**Transaction ID : AE45CA9CF22EB4C349EA**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Rochefort**

Mailing Address 9806 SE Landing PI

City: Jupiter State: FL Zip Code: 33469-1355

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

Name of Employer: Akerman, LLP Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 09 / 29 / 2015

**Transaction ID : A214F66584EDD4AE1A24**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Brian Marro**

Mailing Address 7783 Cannon Ball Rd

City: Palm Beach Gardens State: FL Zip Code: 33418-7808

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

Name of Employer: Whitaker Securities Occupation: Investment Banking

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2015

**Transaction ID : A7ACB12AF901C4B7A9D4**

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 6 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tony Brown**

Mailing Address **PO Box 15660**

City **Fernandina Beach** State **FL** Zip Code **32035**

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : AA8F5B8FC26E84BBB81E**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Hal Tobias**

Mailing Address **1624 SW St. Andrews Dr**

City **Palm City** State **FL** Zip Code **34990-2204**

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : A6DBF237D98FF423D9D4**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Southeastern Door Company**

Mailing Address **1505 Commerce Ln**

City **Jupiter** State **FL** Zip Code **33458-8837**

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : AA7E86ACF52274EEFADB**

Amount of Each Receipt this Period  
**500.00**  
 Refund Pending

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Conklin**

Mailing Address 2232 Jimray Ct

City State Zip Code  
Cincinnati OH 45233-4227

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A0BE08D928E13439F915**

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)  
**Melissa Nash**

Mailing Address 610 Clematis St, #318

City State Zip Code  
West Palm Beach FL 33401-5394

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

Name of Employer Occupation  
ARI President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AC9A6DCB7DAB7488D805**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Vincent Capasso**

Mailing Address 4 Coesa Drive

City State Zip Code  
Saratoga Springs NY 12866-9025

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

Name of Employer Occupation  
Law Offices of Vincent R. Capasso, PLL Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A77621FFA48C740488CA**

Amount of Each Receipt this Period  
**250.00**

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

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

**825.00**

**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 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Terin Cremer**

Mailing Address 3308 W San Pedro St

City Tampa State FL Zip Code 33629-8026

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

Name of Employer Bankers Financial Group Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : ACB344EF956C246D0A84**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Grace Walter**

Mailing Address 6640 S US Hwy 1

City Port Saint Lucie State FL Zip Code 34952-1421

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

Name of Employer An Answer to Care Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2015

**Transaction ID : A551FF56104A24B3C928**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Peter Chiabotti**

Mailing Address 2593 NW 119th Terrace

City Coral Springs State FL Zip Code 33065-3340

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

Name of Employer Akerman LLP Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A90B29A47E7D940D59E2**

Amount of Each Receipt this Period  
**200.00**

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

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

**950.00**

**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 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Lindemann**

Mailing Address 505 S Flagler Dr Ste 900

City State Zip Code  
West Palm Beach FL 33401-5948

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 04 / 2015

**Transaction ID : AE47FC838411B4E8CA6D**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Blatz**

Mailing Address 627 Castle Drive

City State Zip Code  
Palm Beach Gardens FL 33410-1551

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

Name of Employer Occupation  
GenSpring Family Offices Investment Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 24 / 2015

**Transaction ID : AE599403754634EAA92C**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Neisen Kasdin**

Mailing Address 1 SE 3rd Ave

City State Zip Code  
Miami FL 33131-1700

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

Name of Employer Occupation  
Ackerman Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : A6550A0C94F1A418189E**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 10 OF 70

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Kammerer**

Mailing Address 285 Grenada Rd.

City State Zip Code  
 West Palm Beach FL 33401-8017

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

Name of Employer Occupation  
 Christopher Kammerer Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2015

**Transaction ID : A6FD01700BE46473396D**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**E Daniel Morris**

Mailing Address 1000 SE Monterey Commons Blvd, Ste

City State Zip Code  
 Stuart FL 34996-3342

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

Name of Employer Occupation  
 Corsair Capital Corp. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : A4F8BEDFD053B44789B9**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Penny Pompei**

Mailing Address 4100 North Ocean Drive, #2601-WT

City State Zip Code  
 Riviera Beach FL 33404-2855

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

Name of Employer Occupation  
 Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : A2088835B3C324F268A3**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 11 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laura Leslie-Schuemann**

Mailing Address 228 River Dr

City State Zip Code  
Jupiter FL 33469-1934

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

Name of Employer Occupation  
Gunster, Yoakley and Stewart, P.A. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 04 2015

**Transaction ID : A7E733A42F3E54D97878**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Hahn**

Mailing Address PO Box 276310

City State Zip Code  
Boca Raton FL 33427-6310

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

Name of Employer Occupation  
Jeffrey Hahn CAP PA CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 09 2015

**Transaction ID : A7FAA385630E1410E8EB**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Cormier**

Mailing Address 7104 Arrowood Rd

City State Zip Code  
Bethesda MD 20817-2809

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

Name of Employer Occupation  
Hyman,Phelps and McNamara, P.C. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 21 2015

**Transaction ID : A2792189989F74EE7AD9**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 70

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Burt Hogan**

Mailing Address 13707 SE Ranch Land Ave

City Hobe Sound State FL Zip Code 33455-9763

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A73472F00C56248D0859**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Matthew Nugent**

Mailing Address 631 US Hwy 1, Ste 405

City North Palm Beach State FL Zip Code 33408-4621

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

Name of Employer Information Requested Occupation Information Requested

Nugent Law Firm Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : A4B301F797B3A4E1AB5F**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Bruce**

Mailing Address 1826 Via Sofia

City Boynton Beach State FL Zip Code 33426-8260

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

Name of Employer Information Requested Occupation Information Requested

Nugent Zborowski and Bruce Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : A5F39498886C74120B11**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bradford Deflin**

Mailing Address 9820 Liberty Rd

City Boca Raton	State FL	Zip Code 33434-2384
--------------------	-------------	------------------------

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

Name of Employer Total Digital Securit	Occupation Owner
---	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : AD604DC16BE6D4E1BB0F**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Smulian**

Mailing Address 270 Marinero Ct

City Coral Gables	State FL	Zip Code 33143-6530
----------------------	-------------	------------------------

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

Name of Employer Ackerman	Occupation Attorney
------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A422245C208474889A08**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward Sasso**

Mailing Address 340 S US Hwy 1, Apt 607

City Jupiter	State FL	Zip Code 33477-5932
-----------------	-------------	------------------------

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

Name of Employer Mosco Air Conditioning	Occupation Contractor
--	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : AB0F4B09F55AE43D189C**

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: PAGE 14 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Goering**

Mailing Address 162 Via Catalunha

City State Zip Code  
Jupiter FL 33458-6902

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

Name of Employer Occupation  
Makingluck, Inc Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2015

**Transaction ID : AB57B26B94B0242B49E9**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Neil Hammer**

Mailing Address 1 Commvault Way

City State Zip Code  
Tinton Falls NJ 07724-3096

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015

**Transaction ID : AF27D39D112404C63AAA**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Gaines**

Mailing Address 2 N Breakers Row, N35

City State Zip Code  
Palm Beach FL 33480-3986

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : AB022A47901264E948CC**

Amount of Each Receipt this Period  
2700.00

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

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

3950.00

**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 15 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Roddenberry**

Mailing Address 285 Rada Ct

City State Zip Code  
Coral Gables FL 33143-6527

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

Name of Employer Occupation  
Ackerman Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AA5D2D82CDA204B8A940**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Raymond**

Mailing Address 251 Royal Palm Way, Ste 215

City State Zip Code  
Palm Beach FL 33480-4310

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

Name of Employer Occupation  
Akerman, LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A9ABDCFCB54794056906**

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Tyler B Pahl**

Mailing Address 300 Uno Lago Dr, Apt 301

City State Zip Code  
North Palm Beach FL 33408-2687

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

Name of Employer Occupation  
TYDAN Construction INC. General Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2015

**Transaction ID : A43EB64EB6B634D85B4A**

Amount of Each Receipt this Period  
500.00

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

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

3400.00

**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 16 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bradford Deflin**

Mailing Address 9820 Liberty Rd

City State Zip Code  
Boca Raton FL 33434-2384

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

Name of Employer Occupation  
Total Digital Securit Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

**Transaction ID : A6884E69235DF4AA39AB**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Lewis Crampton**

Mailing Address 2335 S Ocean Blvd

City State Zip Code  
Palm Beach FL 33480-5368

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

Name of Employer Occupation  
South Florida Science Center Museum Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

**Transaction ID : A41D77291A72B488DB52**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Brian Kulju**

Mailing Address 450 Alton Rd

City State Zip Code  
Miami Beach FL 33139-6713

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

Name of Employer Occupation  
Iconic Properties Inc. Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

**Transaction ID : A91052B6BA7344B52896**

Amount of Each Receipt this Period  
500.00

**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: PAGE 17 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jo Pulvermacher**

Mailing Address 3240 Tidegate Circle

City State Zip Code  
Jupiter FL 33477-1367

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : A4ADA9C209312448DAFD**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Karen Conklin**

Mailing Address 2232 Jimray Ct

City State Zip Code  
Cincinnati OH 45233-4227

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

Name of Employer Information Requested Occupation Information Requested  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : AF37EE398C1C44142884**

Amount of Each Receipt this Period  
 75.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Beson**

Mailing Address 4966 County Line Rd

City State Zip Code  
Jupiter FL 33469-2162

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

Name of Employer Information Requested Occupation Information Requested  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A0C76F439FA72411DBA9**

Amount of Each Receipt this Period  
 1000.00

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

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

1575.00

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

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

FOR LINE NUMBER: PAGE 18 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Mariani**

Mailing Address 1000 Seminole Blvd.

City State Zip Code  
North Palm Beach FL 33408-2531

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

Name of Employer Occupation  
Shutts & Bowen Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2015

**Transaction ID : AE2F646D7F0844EF2A87**

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward D Sasso**

Mailing Address 960 Mill Creek Dr

City State Zip Code  
Palm Beach Gardens FL 33410-1511

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

Name of Employer Occupation  
EDS Air Conditioning Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 14 2015

**Transaction ID : A5C192D3BDCA6448C9D2**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8741 SE Somerset Island Way

City State Zip Code  
Jupiter FL 33458-1123

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 21 2015

**Transaction ID : ADD59A5F9862C46D19D6**

Amount of Each Receipt this Period  
2700.00

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

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

3900.00

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

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

FOR LINE NUMBER: PAGE 19 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mammen Zachariah Jr.**

Mailing Address 1617 N Flagler Dr, Apt 10A

City State Zip Code  
West Palm Beach FL 33407-6506

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

Name of Employer Occupation  
Akerman, LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : AA76780C7C5C5450CB87**

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**Ralph White**

Mailing Address 1001 N Dixie Hwy

City State Zip Code  
West Palm Beach FL 33401-3331

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : ABCC09C7D0DCE45CA88F**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**William Gardner**

Mailing Address 14155 US Hwy One

City State Zip Code  
Juno Beach FL 33408-1442

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

Name of Employer Occupation  
Whitaker Securities Bond Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : A3235ADB3725E4A80AFC**

Amount of Each Receipt this Period  
250.00

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

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

1450.00

**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 20 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Kirsch**

Mailing Address 715 Penn St.

City State Zip Code  
West Palm Beach FL 33401-7011

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

Name of Employer Occupation  
Cole, Scott and Kissane, P.A. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 04 / 2015

**Transaction ID : A1143A04D8A1A4DB8851**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sailfish Media Integration**

Mailing Address 4480 SW Boatramp Ave

City State Zip Code  
Palm City FL 34990-5303

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : A62D33692D9CD40DDA03**

Amount of Each Receipt this Period  
250.00

Refund Pending

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Fago**

Mailing Address 372 Regatta Dr

City State Zip Code  
Jupiter FL 33477-4076

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

Name of Employer Occupation  
NuVista Living Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : A42A3C16DD1C34BB1BC9**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donna Fenton**

Mailing Address **PO Box 1786**

City **Stuart** State **FL** Zip Code **34995-1786**

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

Name of Employer Information Requested  
**Information Requested**

Occupation Information Requested  
**Information Requested**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : ACEA304BCD5BE4A789F7**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Mariani**

Mailing Address **1000 Seminole Blvd.**

City **North Palm Beach** State **FL** Zip Code **33408-2531**

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

Name of Employer Information Requested  
**Shutts & Bowen**

Occupation Information Requested  
**Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : AD5B7CD1A4750406FB60**

Amount of Each Receipt this Period  
**800.00**

**C.** Full Name (Last, First, Middle Initial)  
**William Romanos**

Mailing Address **37 Dunbar Rd**

City **Palm Beach Gardens** State **FL** Zip Code **33418-6826**

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

Name of Employer Information Requested  
**Information Requested**

Occupation Information Requested  
**Information Requested**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 04 / 2015**

**Transaction ID : A5AE8191796144052819**

Amount of Each Receipt this Period  
**250.00**

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

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

**1300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Kirsch**

Mailing Address 715 Penn St.

City State Zip Code  
West Palm Beach FL 33401-7011

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

Name of Employer Occupation  
Cole, Scott and Kissane, P.A. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : AC762A67AC98E45528CE**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Hodge**

Mailing Address 4 Grand Bay Cir

City State Zip Code  
North Palm Beach FL 33408-2150

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A5686E3A381684F79B94**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Hugo Debeaubien**

Mailing Address 2910 W San Rafael St

City State Zip Code  
Tampa FL 33629-6023

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

Name of Employer Occupation  
Shoemaker Loop & Kendrick Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : A6B7F6EF9D325420F84F**

Amount of Each Receipt this Period  
200.00

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

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

550.00

**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 23 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Yeckes**

Mailing Address 4167 Maya Cay Lane

City State Zip Code  
Jupiter FL 33458-5316

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : ACCE214161722457D804**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Alexander Beringer**

Mailing Address 5852 SW Mistletoe Lane

City State Zip Code  
Palm City FL 34990-5239

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

Name of Employer Occupation Information Requested  
Fair Wind Air Charter Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : A84AC751FD06641B2900**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Marc Poyant**

Mailing Address 1627 W Frederick Small Rd

City State Zip Code  
Jupiter FL 33458-8702

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

Name of Employer Occupation Information Requested  
Poyant Consulting Group Inc. Business Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : A65D1E7FBF7464F91AD2**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Randolph**

Mailing Address 212 Marlborough Rd

City State Zip Code  
West Palm Beach FL 33405-1617

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : AA5C8C57A485F4255A1C**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Tony Plummer**

Mailing Address 3566 Hawfinch Ct NE

City State Zip Code  
Roswell GA 30075-2650

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A06B61BEC93E54CA1813**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jason Morley**

Mailing Address 2430 San Pietro Circle

City State Zip Code  
Palm Beach Gardens FL 33410-2970

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

Name of Employer Information Requested Occupation Information Requested  
Caler Donten Levine CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A0996E4FECB9E4D1A805**

Amount of Each Receipt this Period  
250.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Ford**

Mailing Address 435 Southern Blvd

City State Zip Code  
West Palm Beach FL 33405-2605

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : A8F48EB08732447F8BDE**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Harout Samra**

Mailing Address 445 Sevilla Avenue

City State Zip Code  
Coral Gables FL 33134-5712

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

Name of Employer Occupation Information Requested  
DLA Piper LLP Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A3178AEBFF5994B50BA7**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Beverly Yeager**

Mailing Address 255 Cherry Lane

City State Zip Code  
Palm Beach FL 33480-3431

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

Name of Employer Occupation Information Requested  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A1E2F60E105844F69BE3**

Amount of Each Receipt this Period  
300.00

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 26 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Williams**

Mailing Address 251 Merrain Rd

City State Zip Code  
Palm Beach FL 33480-3113

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

Name of Employer Occupation  
Lytal and Reiter Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AE0F85372CEA447E5850**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Dyer**

Mailing Address 4347 SW LaPaloma Drive

City State Zip Code  
Palm City FL 34990-7948

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

Name of Employer Occupation  
BMO Harris Bank NA Bank Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A454134E293824DB0B89**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Henry D. Jamison IV**

Mailing Address 216 Monterey Rd

City State Zip Code  
Palm Beach FL 33480-3228

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A731B2AB8DB60474C98D**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 27 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Terry Graziotto**

Mailing Address 19651 N Riverside Dr

City Jupiter State FL Zip Code 33469-2137

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A14283F56C5444145A71**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Alvan Balent**

Mailing Address 333 Las Olas Way

City Fort Lauderdale State FL Zip Code 33301-2363

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

Name of Employer Information Requested Occupation Information Requested

Florida Judicial Circuit Court Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : AB25348AB9BE1497CB07**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Beson**

Mailing Address 4966 County Line Rd

City Jupiter State FL Zip Code 33469-2162

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

Name of Employer Information Requested Occupation Information Requested

None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : A08F4D13CF6DC43C795F**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

**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 28 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Sasso**

Mailing Address 340 S US Hwy 1, Apt 607

City Jupiter State FL Zip Code 33477-5932

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

Name of Employer Mosco Air Conditioning Occupation Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : A1432A98EEDDC468A8CE**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 1100.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Chiabotti**

Mailing Address 2593 NW 119th Terrace

City Coral Springs State FL Zip Code 33065-3340

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

Name of Employer Akerman LLP Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015

**Transaction ID : ABB0F0438794046DC928**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Long**

Mailing Address 4996 SW Saint Creek Dr

City Palm City State FL Zip Code 34990-8814

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

Name of Employer Long Insurance Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : A84B1B53D4D544B5BA78**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

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

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

1350.00

**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 29 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gilbert F. White**

Mailing Address 101 Boca Cove Ln

City State Zip Code  
Boca Raton FL 33487

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A40C9D5520DFB472388B**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Castle**

Mailing Address 44 Coconut Row  
Apt B611

City State Zip Code  
Palm Beach FL 33480-4069

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A74694D37A3804EECB8C**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Denis Coleman**

Mailing Address PO Box 2615

City State Zip Code  
Palm Beach FL 33480-2615

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

Name of Employer Information Requested Occupation Information Requested  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 04 / 2015

**Transaction ID : A97D7BACE09A542399FD**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 30 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Barrott**

Mailing Address 360 Eagle Dr

City Jupiter State FL Zip Code 33477-4066

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A05FA579DE475497E9A0**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Hurley**

Mailing Address 116 Segovia Way

City Jupiter State FL Zip Code 33458-2723

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

Name of Employer Becker Holding Corporation Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : A45C5BFD226444991B8B**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**James Reisigl**

Mailing Address 6850 Imperial Woods Rd

City Jupiter State FL Zip Code 33458-1848

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

Name of Employer Reisigl Associates Inc. Occupation Marketing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : A462052FE47E74363B54**

Amount of Each Receipt this Period  
150.00

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

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

900.00

**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 31 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Diaz-Balart**

Mailing Address 101 ocean lane dr  
4015

City State Zip Code  
Key Biscayne FL 33149-1456

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

Name of Employer Occupation  
Leesfield Scolaro, PA Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : A66EEE79F372D4AD9874**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Tyler B Pahl**

Mailing Address 300 Uno Lago Dr, Apt 301

City State Zip Code  
North Palm Beach FL 33408-2687

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

Name of Employer Occupation  
TYDAN Construction INC. General Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 04 / 2015

**Transaction ID : A266679630B774F69854**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffry Leslie**

Mailing Address 111 Golfview Dr

City State Zip Code  
Tequesta FL 33469-1920

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

**Transaction ID : A29B6CC0B6C4D4905930**

Amount of Each Receipt this Period  
1500.00

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

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

1900.00

**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 32 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Savery**

Mailing Address 11021 Legacy Lane Apt 202

City Palm Beach Gardens	State FL	Zip Code 33410-3615
----------------------------	-------------	------------------------

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

Name of Employer Spartan Strategics	Occupation Recruiter
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : A43FE30B7A4804B2397A**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Greenlee**

Mailing Address 205 Lake Blvd

City Sanford	State FL	Zip Code 32773-4720
-----------------	-------------	------------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : AEC764FBCBF0242BBA2C**

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Corbett**

Mailing Address 2121 Allen Pkwy

City Houston	State TX	Zip Code 77019-2499
-----------------	-------------	------------------------

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

Name of Employer Freeport Commodities	Occupation Energy Analyst
--	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : A1A2C97DE9042496BBEA**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 33 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jean Rosow**

Mailing Address 1460 N Lake

City State Zip Code  
Palm Beach FL 33480-3031

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A0A412D4669CA466A9A4**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Carlos Gutierrez**

Mailing Address 1015 33rd St. NW, #803

City State Zip Code  
Washington DC 20007-3538

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

Name of Employer Occupation  
Clark Hill PLC Associate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A1CEFEE8B1BEB4ADF8C6**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**William Gardner**

Mailing Address 14155 U S Highway 1 suite 304

City State Zip Code  
Juno Beach FL 33408-1430

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

Name of Employer Occupation  
Whitaker Securities Bond Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A49A7A5155E2E405B986**

Amount of Each Receipt this Period  
250.00

**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 34 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Burkhart**

Mailing Address 3708 Mountain Park Dr

City State Zip Code  
Mountain Brk AL 35213-4430

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A57DF69FEF8AA4331BD1**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Whelton**

Mailing Address 12 Golfview Rd

City State Zip Code  
Palm Beach FL 33480-4608

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

Name of Employer Information Requested Occupation Information Requested  
Self-Employed Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2015

**Transaction ID : AE811BD4A12734178902**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Otto DiVosta**

Mailing Address 11818 Turtle Beach Rd

City State Zip Code  
North Palm Beach FL 33408-3351

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

Name of Employer Information Requested Occupation Information Requested  
DiVosta Investments, LLC President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : AB073812BC8574376ADC**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 35 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Glass**

Mailing Address 9196 SE River Ter

City State Zip Code  
Jupiter FL 33469-1332

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : A8AF70CDBE72A4E64A29**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James C. Gavigan Jr.**

Mailing Address 125 Worth Ct S

City State Zip Code  
West Palm Beach FL 33405-2753

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

Name of Employer Occupation Information Requested  
Jones, Foster, Johnston, and Stubbs, P Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : A8108579FA50D4E7FB08**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret Cooper**

Mailing Address PO Box 3475

City State Zip Code  
West Palm Beach FL 33402-3475

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

Name of Employer Occupation Information Requested  
Jones Foster Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 23 / 2015

**Transaction ID : AC0C371625CBD40A2909**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Zachary Berg**

Mailing Address 1727 W Hemingway Dr

City	State	Zip Code
North Palm Beach	FL	33408-2251

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

Name of Employer	Occupation
Credit Suisse	FINANCIAL ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : ACDF88A130C1D482585A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Garvy**

Mailing Address 200 Esplanade Way

City	State	Zip Code
Palm Beach	FL	33480-3018

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

Name of Employer	Occupation
Self-Employed	Investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : A6B62BAB9FF0B404981E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Chris Heine Jr.**

Mailing Address 2650 Lake Shore Dr, Unit 201

City	State	Zip Code
Riviera Beach	FL	33404-4605

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

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : AA97ADD735FFC4462AB3**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 1000.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gay Gaines**

Mailing Address **2 N Breakers Row, N35**

City <b>Palm Beach</b>	State <b>FL</b>	Zip Code <b>33480-3986</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>None</b>	Occupation <b>Retired</b>
---------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2015**

**Transaction ID : A6F80855A46CE41CDA7**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Katzell**

Mailing Address **7408 Lake Worth Rd, Ste 100**

City <b>Lake Worth</b>	State <b>FL</b>	Zip Code <b>33467-2518</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>Katzell MD</b>	Occupation <b>Surgeon</b>
---------------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2015**

**Transaction ID : AD3F3BA510F484CE9917**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Salavtore Faso**

Mailing Address **7740 Blue Heron Way**

City <b>West Palm Beach</b>	State <b>FL</b>	Zip Code <b>33412-3131</b>
--------------------------------	--------------------	-------------------------------

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

Name of Employer <b>None</b>	Occupation <b>Retired</b>
---------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : ABF1192B7376A4320B1A**

Amount of Each Receipt this Period  
**500.00**

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

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

**5900.00**

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

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

FOR LINE NUMBER: PAGE 38 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A. Donaldson Hearing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Elsa Rd  
 City Jupiter State FL Zip Code 33477-5029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : A1C3483F8C1C74116AE8**  
 Amount of Each Receipt this Period  
 250.00

**B. Matt Rostock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19865 North 198th Place  
 City Jupiter State FL Zip Code 33458-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 None Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : ACB8EB8A4ACA64717B90**  
 Amount of Each Receipt this Period  
 250.00

**C. Andrew Gust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7980 SaddleBrook Dr  
 City Port Saint Lucie State FL Zip Code 34986-3129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Guntin and Gust Patent Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2015  
**Transaction ID : A3E7C8C3CD9744D5482C**  
 Amount of Each Receipt this Period  
 250.00

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Moens**

Mailing Address 245 Sunrise Avenue

City State Zip Code  
Palm Beach FL 33480-3812

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

Name of Employer Occupation  
Lawrence A Moens Associates, Inc Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : AE945174A82CF4536A05**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John Carr**

Mailing Address 6360 Linton St

City State Zip Code  
Jupiter FL 33458-6784

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A1F3A6E1DFCF14AD9AAF**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Diane Juergens**

Mailing Address 1880 Stevenson Rd

City State Zip Code  
North Fort Myers FL 33917-3237

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

**Transaction ID : A86A6A5F72D6845C5BDB**

Amount of Each Receipt this Period  
50.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 40 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Beverly Yeager**

Mailing Address 255 Cherry Lane

City State Zip Code  
Palm Beach FL 33480-3431

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 21 2015

**Transaction ID : AF5E516F8DA0B48E8876**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 1460 N Lake Ave

City State Zip Code  
Cincinnati OH 45233

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 18 2015

**Transaction ID : A5531FDBFA11D42F4BFC**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Denis Walsh**

Mailing Address 11440 N Jog Rd

City State Zip Code  
Palm Beach Gardens FL 33418-1765

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

Name of Employer Occupation  
Money Concepts Capital Corp Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 22 2015

**Transaction ID : AC562D76F1C484996A97**

Amount of Each Receipt this Period  
250.00

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 41 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Oprison**

Mailing Address 12736 NW 67th Drive

City State Zip Code  
Parkland FL 33076-1959

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

Name of Employer Occupation  
Akerman Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A0B551FD4CACF420DB0E**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Joan Hay**

Mailing Address 18 Riverview Rd

City State Zip Code  
Hobe Sound FL 33455-2324

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2015

**Transaction ID : A1BF4597E9F8642319FF**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence DeGeorge**

Mailing Address 140 Intracoastal Point Dr Ste 410

City State Zip Code  
Jupiter FL 33477-5094

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015

**Transaction ID : A136BD15915D14F57875**

Amount of Each Receipt this Period  
-2700.00

Redesignation to General 2016  
**[MEMO ITEM]**

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 42 OF 70  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence DeGeorge**

Mailing Address 140 Intracoastal Point Dr Ste 410

City State Zip Code  
Jupiter FL 33477-5094

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 01 2015

**Transaction ID : A2B10667B80F54FADAC5**

Amount of Each Receipt this Period  
2700.00

Redesignation from Primary 2016

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**PBF, LLC**

Mailing Address 333 W Vine St., Ste. 300

City State Zip Code  
Lexington KY 40507-1626

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

Name of Employer Occupation  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2015

**Transaction ID : AAA19182DF3FC43E097C**

Amount of Each Receipt this Period  
1600.00

**C.** Full Name (Last, First, Middle Initial)  
**Bradley C Shattuck**

Mailing Address 333 W Vine St, Ste 300

City State Zip Code  
Lexington KY 40507-1626

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2015

**Transaction ID : A8C75245437E44AF690D**

Amount of Each Receipt this Period  
1600.00

**[MEMO ITEM]**  
Partnership: PBF, LLC

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 70
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eric M Javits</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2015	
Mailing Address 150 Bradley Place #407		<b>Transaction ID : AABFF10D728F34EB4BC5</b>	
City Palm Beach	State FL	Zip Code 33480-3836	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00 Redesignation to General 2016	
Name of Employer None	Occupation Retired	[MEMO ITEM]	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) <b>B. Eric M Javits</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2015	
Mailing Address 150 Bradley Place #407		<b>Transaction ID : AA2FDE8AAD2C14B718A4</b>	
City Palm Beach	State FL	Zip Code 33480-3836	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00 Redesignation from Primary 2016	
Name of Employer None	Occupation Retired	[MEMO ITEM]	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) <b>C. Eric M Javits</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2015	
Mailing Address 150 Bradley Place #407		<b>Transaction ID : A466CE0BD6C6C4573962</b>	
City Palm Beach	State FL	Zip Code 33480-3836	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00 As Previously Reported 6/7/2015	
Name of Employer None	Occupation Retired	[MEMO ITEM]	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00

**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 44 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gay Gaines**

Mailing Address 2 N Breakers Row, N35

City State Zip Code  
Palm Beach FL 33480-3986

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

**Transaction ID : A95949B765EA64C0394A**

Amount of Each Receipt this Period  
-2700.00

Reattribution to Spouse

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Stanley Gaines**

Mailing Address 2 N Breakers Row, N35

City State Zip Code  
Palm Beach FL 33480-3986

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

**Transaction ID : AF0A7E51E7D2D4721BAC**

Amount of Each Receipt this Period  
2700.00

Reattribution from Spouse

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Gay Gaines**

Mailing Address 2 N Breakers Row, N35

City State Zip Code  
Palm Beach FL 33480-3986

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : AD7E28201017F4141B1F**

Amount of Each Receipt this Period  
5400.00

As Previously Reported 6/23/2015

**[MEMO ITEM]**

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 45 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Lindemann**

Mailing Address 505 S Flagler Dr Ste 900

City State Zip Code  
West Palm Beach FL 33401-5948

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

**Transaction ID : A92D3FDB2771E41AE9F2**

Amount of Each Receipt this Period  
-2300.00

Reattribution to Spouse  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Frayda Lindemann**

Mailing Address 505 South Flagler Dr, Ste 900

City State Zip Code  
West Palm Beach FL 33401-5948

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

**Transaction ID : A8ADDB151E33643F0A9D**

Amount of Each Receipt this Period  
2300.00

Reattribution from Spouse  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**George Lindemann**

Mailing Address 505 S Flagler Dr Ste 900

City State Zip Code  
West Palm Beach FL 33401-5948

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : A3B07398FF7874154B4B**

Amount of Each Receipt this Period  
5000.00

As Previously Reported 6/30/2015  
**[MEMO ITEM]**

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

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

0.00

64250.00

**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 46 OF 70
	<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)  
**Rick Kozell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AUTONATION INC POLITICAL ACTION COMMITTEE**

Mailing Address 200 SW 1ST AVENUE, 14TH FLOOR

City Fort Lauderdale State FL Zip Code 33301-2074

FEC ID number of contributing federal political committee. **C** C00330514

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A8EAC43213AB042D3A85**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF MARK FOLEY FOR CONGRESS**

Mailing Address 1316 LAKE VICTORIA DRIVE

City LAKE WORTH State FL Zip Code 33461

FEC ID number of contributing federal political committee. **C** C00289140

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A9F48F2BEEF9F48AF8D0**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE**

Mailing Address PO BOX 0911

City Southern Pines State NC Zip Code 28388-0911

FEC ID number of contributing federal political committee. **C** C00498154

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A7BC74997071E49DEAC6**

Amount of Each Receipt this Period  
 2500.00

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

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

4000.00

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 07 / 02 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 5.33	
Candidate Name	Transaction ID : B321A1935CB5F4977BAE	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 07 / 08 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 35.50	
Candidate Name	Transaction ID : B3BC369AB5AE14715882	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 07 / 09 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 3.56	
Candidate Name	Transaction ID : B745D7C0C470045BC901	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.39
<b>TOTAL</b> 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 48 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. A. Milano Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015	
Mailing Address 7491 N Federal Hwy Ste C5-143			Amount of Each Disbursement this Period 4000.00	
City Boca Raton	State FL	Zip Code 33487-1625	Transaction ID : <b>B2B22A34366FE4A0C9A0</b>	
Purpose of Disbursement Campaign Strategy Consulting		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:				

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015	
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 71.00	
City Alexandria	State VA	Zip Code 22314-1547	Transaction ID : <b>B13754129700247678F7</b>	
Purpose of Disbursement CC Transaction Fees		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:				

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015	
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 7.10	
City Alexandria	State VA	Zip Code 22314-1547	Transaction ID : <b>BA78E14DFDC934F148C6</b>	
Purpose of Disbursement CC Transaction Fees		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4078.10
<b>TOTAL</b> 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 49 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 07 / 21 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 17.75	
Candidate Name	Transaction ID : <b>BF789A5F72E514B9DBBC</b>	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Clark Hill PLC</b>		Date of Disbursement
Mailing Address 150 N Michigan Ave, Ste 2700		M M / D D / Y Y Y Y 07 / 22 / 2015
City Chicago	State IL	Zip Code 60601-7576
Purpose of Disbursement Compliance Consulting	Amount of Each Disbursement this Period 6000.00	
Candidate Name	Transaction ID : <b>B5F72334EABF44D2681B</b>	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 07 / 23 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 37.06	
Candidate Name	Transaction ID : <b>BACAFF4F0888245AEAF9</b>	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6054.81
<b>TOTAL</b> 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 50 OF 70	
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 27 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>17.75</b> <b>Transaction ID : B73713084A1214FE389F</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 29 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>33.73</b> <b>Transaction ID : B7FA40EED7F2A4612903</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 30 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>15.98</b> <b>Transaction ID : B45AFED88527A4F6CB86</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>67.46</b>
<b>TOTAL</b> 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 51 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 3.55 <b>Transaction ID : B78801B6894904B8C9A7</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 17.75 <b>Transaction ID : B2847FEC9C20044D49D2</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 14.20 <b>Transaction ID : B6D6E8060E0C6407BB4C</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.50
<b>TOTAL</b> 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 52 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 04 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>35.50</b> <b>Transaction ID : B756D4A5DEE13402FA99</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	
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:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 09 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>35.50</b> <b>Transaction ID : B85346D274A6744D5A87</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	
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:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 10 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>39.05</b> <b>Transaction ID : BD3BA85F2468B4D908FD</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>110.05</b>
<b>TOTAL</b> 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 53 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 11 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>42.60</b> <b>Transaction ID : B0885C8B0E10344D7832</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	
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:		

Full Name (Last, First, Middle Initial) <b>B. Professional Data Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 12 / 2015</b>
Mailing Address <b>824 S Milledge Ave, Ste 101</b>		Amount of Each Disbursement this Period <b>3000.00</b> <b>Transaction ID : B71C1659FF1724915A29</b>
City <b>Athens</b> State <b>GA</b> Zip Code <b>30605-1332</b>	Purpose of Disbursement <b>Compliance Consulting</b>	
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:		

Full Name (Last, First, Middle Initial) <b>c. CompleteCampaigns.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 12 / 2015</b>
Mailing Address <b>205 Pennsylvania Ave, SE</b>		Amount of Each Disbursement this Period <b>575.00</b> <b>Transaction ID : B556740BDF4F84CC893B</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Purpose of Disbursement <b>Database Software</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3617.60</b>
<b>TOTAL</b> 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 54 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 13 / 2015</b>
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period <b>191.70</b> Transaction ID : <b>BBA7029E0B3AB469397A</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 14 / 2015</b>
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period <b>60.35</b> Transaction ID : <b>B33A403F01F054E41A74</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 15 / 2015</b>
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period <b>7.10</b> Transaction ID : <b>B75EB04E671924A778FF</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>259.15</b>
<b>TOTAL</b> 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 55 OF 70			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		MM / DD / YYYY 08 / 18 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 79.67	
Candidate Name	Transaction ID : B86A0960DFC7E4A55A98	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		MM / DD / YYYY 08 / 21 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 78.10	
Candidate Name	Transaction ID : B8AB9166F73A24FB79B9	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		MM / DD / YYYY 08 / 22 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 56.80	
Candidate Name	Transaction ID : BC5E2490CA7D042B9A49	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	214.57
<b>TOTAL</b> 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 56 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 08 / 23 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 10.65	
Candidate Name	Transaction ID : <b>B7B7CF61201B7405695B</b>	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 08 / 24 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 35.50	
Candidate Name	Transaction ID : <b>BD5050E26BCBD415BB93</b>	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 08 / 25 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 14.20	
Candidate Name	Transaction ID : <b>B8EBE8626B5C1492C91C</b>	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.35
<b>TOTAL</b> 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 57 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 26 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>9.59</b> Transaction ID : <b>BF18AD0EF44C94F7B8C5</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	
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:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 27 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>14.20</b> Transaction ID : <b>BD0314E99DD314A25934</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	
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:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 30 / 2015</b>
Mailing Address <b>1033 N Fairfax St #40</b>		Amount of Each Disbursement this Period <b>7.10</b> Transaction ID : <b>B74D7B411510142558DB</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1547</b>	Purpose of Disbursement <b>CC Transaction Fees</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>30.89</b>
<b>TOTAL</b> 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 58 OF 70			
	<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)  
**Rick Kozell for Congress**

**A. Targeted Victory**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 N Fairfax St #40

City Alexandria State VA Zip Code 22314-1547

Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 31 / 2015

Amount of Each Disbursement this Period: 24.85

Transaction ID : B9A42515090854D73936

**B. Targeted Victory**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 N Fairfax St #40

City Alexandria State VA Zip Code 22314-1547

Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2015

Amount of Each Disbursement this Period: 38.34

Transaction ID : BFE9285D783914DFF831

**c. Targeted Victory**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 N Fairfax St #40

City Alexandria State VA Zip Code 22314-1547

Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 10 / 2015

Amount of Each Disbursement this Period: 7.10

Transaction ID : BEFDA550523E84F0B8C4

**SUBTOTAL** of Disbursements This Page (optional) ..... 70.29

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 205 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 1150.00 <b>Transaction ID : BD0478A419EAB4EF0968</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Database Software	
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:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 1.78 <b>Transaction ID : B6E439B4026B74C86884</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 3.55 <b>Transaction ID : B0D8B256DFC4F4068B0C</b>
City Alexandria State VA Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1155.33
<b>TOTAL</b> 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 60 OF 70			
	<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)  
**Rick Kozell for Congress**

**A. Targeted Victory**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 N Fairfax St #40

City Alexandria State VA Zip Code 22314-1547

Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 14 / 2015

Amount of Each Disbursement this Period: 63.90

Transaction ID : B4850CBB8B1FD47B1A74

**B. Targeted Victory**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 N Fairfax St #40

City Alexandria State VA Zip Code 22314-1547

Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2015

Amount of Each Disbursement this Period: 14.20

Transaction ID : BCDD6BF97BE274F1BB0E

**c. Targeted Victory**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 N Fairfax St #40

City Alexandria State VA Zip Code 22314-1547

Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 16 / 2015

Amount of Each Disbursement this Period: 17.75

Transaction ID : B7ECDFBA31F20406AB67

**SUBTOTAL** of Disbursements This Page (optional) ..... 95.85

**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 61 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 106.50 <b>Transaction ID : BC8CBDFFF392F4DA08D7</b>
City Alexandria	State VA	
Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	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:	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 7.10 <b>Transaction ID : B7D142FCA0B3B46D9B93</b>
City Alexandria	State VA	
Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	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:	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 14.20 <b>Transaction ID : B4F8950C5B88A424499B</b>
City Alexandria	State VA	
Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	127.80
<b>TOTAL</b> 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 62 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015		
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 3.55		
City Alexandria	State VA	Zip Code 22314-1547	Transaction ID : <b>B650412C5A2E742C89A3</b>		
Purpose of Disbursement CC Transaction Fees		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:					

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015		
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 433.10		
City Alexandria	State VA	Zip Code 22314-1547	Transaction ID : <b>B834C6855277640A3919</b>		
Purpose of Disbursement CC Transaction Fees		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:					

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015		
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 24.85		
City Alexandria	State VA	Zip Code 22314-1547	Transaction ID : <b>BEDEAD77EE37B4DE984E</b>		
Purpose of Disbursement CC Transaction Fees		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	461.50
<b>TOTAL</b> 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 63 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 17.75
City Alexandria	State VA	
Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	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:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 44.38
City Alexandria	State VA	
Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	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:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 19.53
City Alexandria	State VA	
Zip Code 22314-1547	Purpose of Disbursement CC Transaction Fees	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	81.66
<b>TOTAL</b> 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 64 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 09 / 28 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 117.16	
Candidate Name	Transaction ID : BE05A1C4E462D41CF841	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 09 / 29 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 138.45	
Candidate Name	Transaction ID : B239AAF8178974F2DA7C	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement
Mailing Address 1033 N Fairfax St #40		M M / D D / Y Y Y Y 09 / 30 / 2015
City Alexandria	State VA	Zip Code 22314-1547
Purpose of Disbursement CC Transaction Fees	Amount of Each Disbursement this Period 278.68	
Candidate Name	Transaction ID : BA4F39D4122CB47E6990	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	534.29
<b>TOTAL</b> 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 65 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Richard S Kozell III</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address		Amount of Each Disbursement this Period 8371.78 <b>Transaction ID : BB77DFCEE31864CB6B3C</b>
City	State Zip Code	
Purpose of Disbursement See Memo Entries	Category/ Type	
Candidate Name <b>Richard S Kozell III</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Expedia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2015
Mailing Address 333 108th Ave		Amount of Each Disbursement this Period 466.20 <b>Transaction ID : B3AF9CB98B8C34C84ABA</b> <b>[MEMO ITEM]</b>
City	State Zip Code	
Purpose of Disbursement Airfare	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Republican Jewish Coalition</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address 50 F St NW		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : B2B8F96AC38D64D40B6A</b> <b>[MEMO ITEM]</b>
City	State Zip Code	
Purpose of Disbursement Membership Fees	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8371.78
<b>TOTAL</b> 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 66 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Martin County Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 1650 Kanner Hwy		Amount of Each Disbursement this Period 365.00
City Stuart	State FL	
Zip Code 34994-7155	Purpose of Disbursement Membership	Transaction ID : B3BDB9A31D21A4FD1B76
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Ventian</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 3355 S Las Vegas Blvd		Amount of Each Disbursement this Period 301.00
City Las Vegas	State NV	
Zip Code 89109-8941	Purpose of Disbursement Lodging	Transaction ID : B25AD02EF0F274A7A81B
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Travelocity</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 3150 Sabre Dr		Amount of Each Disbursement this Period 550.19
City Southlake	State TX	
Zip Code 76092-2103	Purpose of Disbursement Airfare	Transaction ID : B5462240E74A94A5AA82
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 67 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Travelocity</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2015
Mailing Address 3150 Sabre Dr		Amount of Each Disbursement this Period 604.00
City Southlake State TX Zip Code 76092-2103	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	Transaction ID : B540A296CB0B94A8D945 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. Expedia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2015
Mailing Address 333 108th Ave		Amount of Each Disbursement this Period 190.00
City Bellevue State WA Zip Code 98004	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	Transaction ID : B728C8277945143D7940 <b>[MEMO ITEM]</b>
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:	

Full Name (Last, First, Middle Initial) <b>c. Frigate's</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 400 U.S. 1		Amount of Each Disbursement this Period 50.00
City North Palm Beach State FL Zip Code 33408-5506	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	Transaction ID : B1546812362F241B482D <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 68 OF 70			
	<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)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frigate's</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 400 U.S. 1		Amount of Each Disbursement this Period 1071.00
City North Palm Beach	State FL	
Zip Code 33408-5506	Purpose of Disbursement Event Catering	Transaction ID : B3E738A95DADF446FB7B
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Richard S Kozell III</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 353 US Hwy 1 #D106		Amount of Each Disbursement this Period 3593.75
City Jupiter	State FL	
Zip Code 33477-5964	Purpose of Disbursement Mileage	Transaction ID : B0110906DF96242DD82F
Candidate Name <b>Richard S Kozell III</b>	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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	Transaction ID
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	25471.37

**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 69 OF 70			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Rick Kozell for Congress**

Full Name (Last, First, Middle Initial) <b>A. E.D.S. Air Conditioning</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 2200 4th Ave N, Ste 1		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : B58376E0F2DCC4EB8AB0</b>
City Lake Worth	State FL	
Zip Code 33461-3897	Purpose of Disbursement Refund: Refund of Corporate Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mosco, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 340 S US Highway 1 Ste 607		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B13FE5B5BCEA84A5D8F7</b>
City Jupiter	State FL	
Zip Code 33477-5932	Purpose of Disbursement Refund: Refund of Corporate Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	1500.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Rick Kozell for Congress** Transaction ID : **C6873E11FC8094727A35**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016  
**Richard S Kozell III**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
353 US Hwy 1 #D106

City State ZIP Code  
Jupiter FL 33477-5964

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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**TERMS**

Date Incurred: M 06 / D 30 / Y 2015  
Date Due: M 12 / D 31 / Y 2016  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 100.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ] 100.00

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