

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Izzo For Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2675.00	7822.95
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2675.00	7822.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	475.00	1314.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	475.00	1314.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1989.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	3000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	12795.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Izzo For Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2200.00	4555.00
(ii) Unitemized.....	475.00	2867.95
(iii) TOTAL of contributions from individuals ▶	2675.00	7422.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	200.00
(d) The Candidate.....	0.00	200.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2675.00	7822.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	12795.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	12795.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2675.00	20617.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	475.00	1314.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	230.66	17314.54
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	705.66	18628.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2675.00
25. SUBTOTAL (add Line 23 and Line 24).....	2695.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	705.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1989.41

**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 13
	<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)
Izzo For Congress

A. Full Name (Last, First, Middle Initial)
Foster Friess

Mailing Address **PO Box 9790**

City **Jackson** State **WY** Zip Code **83002**

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

Name of Employer **Family Foundation** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
800.00

B. Full Name (Last, First, Middle Initial)
Henry McCann

Mailing Address **3442 Canterbury Road**

City **Milford** State **DE** Zip Code **19963**

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

Name of Employer **Retired** Occupation **United States General**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
300.00

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

Mailing Address **132 Sweeping Mist Circle**

City **Frederica** State **DE** Zip Code **19946**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **597.95**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period
475.00
 In-kind - Roadside Advertising

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: (check only one)	PAGE 6 OF 13		
	<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)
Izzo For Congress

A. Full Name (Last, First, Middle Initial)
Frederick Smiga

Mailing Address 132 Sweeping Mist Circle

City Frederica State DE Zip Code 19946

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1222.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period
625.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

625.00

2200.00

**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 7 OF 13		
	<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)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Frederick Smiga		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 132 Sweeping Mist Circle		Amount of Each Disbursement this Period 475.00
City Frederica State DE Zip Code 19946	Category/Type	
Purpose of Disbursement In-kind - Roadside Advertising	Candidate Name	Transaction ID : SB17.4342
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	475.00

**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 8 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 40.00
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel for travel	Transaction ID : SB21.4353
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 11.08
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Snack & beverages for travel	Transaction ID : SB21.4360
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 7.43
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Snack & beverages for travel	Transaction ID : SB21.4357
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	58.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 17.15 Transaction ID : SB21.4361
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Snack & beverages for travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 32.00 Transaction ID : SB21.4355
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel for travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 30.86 Transaction ID : SB21.4356
City Talleyville	State DE	
Zip Code 19803	Purpose of Disbursement Fuel for travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	80.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Izzo For Congress

Full Name (Last, First, Middle Initial) A. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 14.08 Transaction ID : SB21.4359
City Talleyville State DE Zip Code 19803	Purpose of Disbursement Snack & beverages for travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 5.45 Transaction ID : SB21.4358
City Talleyville State DE Zip Code 19803	Purpose of Disbursement Snack & beverages for travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 4000 Concord Pike		Amount of Each Disbursement this Period 35.05 Transaction ID : SB21.4354
City Talleyville State DE Zip Code 19803	Purpose of Disbursement Fuel for travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	54.58
TOTAL This Period (last page this line number only).....	193.10

SCHEDULE C (FEC Form 3)
LOANS

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

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

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 7673

City State ZIP Code
Wilmington DE 19803

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

Date Incurred: M 12 / D 06 / Y 2013
Date Due: M / D / Y
Interest Rate: % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	3000.00
TOTALS This Period (last page in this line only).....	3000.00

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Izzo For Congress** Transaction ID : **SC/10.4102**

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

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 7673

City State ZIP Code
Wilmington DE 19803

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

Date Incurred: M 08 / D 30 / Y 2013
Date Due: M / D / Y none
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: []

SUBTOTALS This Period This Page (optional)..... ▶ 11500.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Izzo For Congress** Transaction ID : **SC/10.4320**

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

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 7673

City State ZIP Code
Wilmington DE 19803

Original Amount of Loan 1295.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1295.00
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TERMS

Date Incurred: M 08 / D 25 / Y 2014
Date Due: M / D / Y none
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: []

SUBTOTALS This Period This Page (optional).....	▶	[] 1295.00
TOTALS This Period (last page in this line only).....	▶	[] 12795.00

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