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Image# 14952605697

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Con	nmittee			Office Use Only
NAME OF COMMITTEE (in f	TYPE OR PRIN		xample: If typin	g, type	12FE4M5	
Izzo For Congre	ess					1
ADDRESS (number and	street)					
Check if diffe						
than previous reported. (AC					DE L	19803
2. <b>FEC IDENTIFIC</b>	ATION NUMBER ▼	CITY			STATE A	ZIP CODE
C C00548040		3. IS THIS REPORT	NEW (N)	OR	× AMEND (A)	STATE ▼ DISTRICT  DE 01
4 7/05 05 050	0.07	1				
	ORT (Choose One)	(b) 12-Day <b>PR</b> I	E-Election Repo	ort for the:		
(a) Quarterly Re	oorts:		Primary (12P	)	General (1	2G) Runoff (12R)
April 15	Quarterly Report (Q1)	П	Convention (	120)	Special (1)	20)
July 15 (	Quarterly Report (Q2)		Convention (	120)	Special (12	25)
October	15 Quarterly Report (Q3)	Election or	M M /	D D /	Y Y Y Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Rep	port for the:		
		×	General (30G	i)	Runoff (30	R) Special (30S)
Terminati	on Report (TER)	Election or	M M /	04	Y Y Y Y 2014	in the DE State of
5. Covering Period	10 / D D 16	/ Y Y Y Y Y 2014	through	M M M	/ D D /	2014
I certify that I have ex	amined this Report and t	o the best of my k	nowledge and	belief it is tr	ue, correct and	l complete.
Type or Print Name of	Treasurer Kevin Micha	el Izzo				
Signature of Treasurer	Kevin Michael Izzo		[Electronically	Filed] D	Date 11	/ 24 / Y Y Y Y Y Z014
NOTE: Submission of fa	alse, erroneous, or incomp	lete information may	subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Office			1			
Use Only						FEC FORM 3 (Revised 02/2003)

#### SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

#### Izzo For Congress

2014 16 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 1325.00 9147.95 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 1325.00 9147.95 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 1000.00 2314.00 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1000.00 2314.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 16.98 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 3000.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 12795.00 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Izzo For Congress Report Covering the Period: 2014 24 2014 From: 10 16 To: 11 I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 04 2014 05 (date of general election) (date after general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 24 2014 Political Committees (last day of reporting period) Itemized (use Schedule A) 1000.00 5555.00 0.00 Unitemized 300.00 3167.95 0.00 (iii) Total of contributions from individuals 1300.00 8722.95 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 25.00 225.00 0.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period			COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C  Total for * (date after general election)  through * (last day of reporting period)  (* See page 5 for dates)		
	(d)	The Candidate				
		0.00	200.00	0.00		
	(e)	TOTAL CONTRIBUTIONS (other than lo	pans) (add Lines 11(a)(iii), (b), (c) and (d))			
		1325.00	9147.95	0.00		
12.	TRA	NSFERS FROM OTHER AUTHORIZED	COMMITTEES			
		0.00	0.00	0.00		
13.	LOA (a)	NS: Made or Guaranteed by the Candidate				
		0.00	12795.00	0.00		
	(b)	All Other Loans				
		0.00	0.00	0.00		
	(c) T	FOTAL LOANS (add Lines 13(a) and (b)	)			
		0.00	12795.00	0.00		
14.	OFF	SETS TO OPERATING EXPENDITURE	S (Refunds, rebates, etc.)			
		0.00	0.00	0.00		
15.	OTH	IER RECEIPTS (Dividends, Interest, etc.	)			
		0.00	0.00	0.00		
16.	тот	AL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)			
		1325.00	21942.95	0.00		

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)	•	PAGE 5 / 15
Write or Type Committee Name		
Izzo For Congress		
Report Covering the Period: From:		To: 11 / 24 / 2014
II. DISBURSEMENTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C  Total for * (date after general election) through * (last day of reporting period)     (* See page 5 for dates)
17. OPERATING EXPENDITURES		
1000.00	2314.00	0.00
8. TRANSFERS TO OTHER AUTHORIZED COM	MITTEES	
0.00	0.00	0.00
<ul><li>19. LOAN REPAYMENTS:</li><li>(a) Of Loans Made or Guaranteed by the Can</li></ul>	ndidate	
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines	19(a) and 19(b))	
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other Than Political Co	ommittees	
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

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Report of Receipts and Disbursements

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**COLUMN A COLUMN B** COLUMN C **Total this Period** Election Cycle Total as of \* Total for \* (date after general election) (date of general election) through \* (last day of reporting period) (\* See page 5 for date) (\* See page 5 for dates) Other Political Committees (such as PACs) 0.00 0.00 0.00 TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c)) 0.00 0.00 0.00 21. OTHER DISBURSEMENTS 2297.43 19611.97 0.00 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21) 21925.97 0.00 3297.43 III. NET CONTRIBUTIONS (OTHER THAN LOANS) (Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e)) 1325.00 9147.95 0.00 IV. NET OPERATING EXPENDITURES (Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17) 1000.00 2314.00 0.00 V. CASH SUMMARY 1989.41 CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... 1325.00 3314.41 25. SUBTOTAL (add Line 23 and Line 24)..... 3297.43 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) 16.98

### SCHEDULE A (FEC Form 3)

Use separate schedule(s) (check only one)  $|X|_{11a}$ 

FOR LINE NUMBER: PAGE 7 OF 15 11b 11d 11c

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Izzo For Congress Full Name (Last, First, Middle Initial) Jerry Dorchuck Date of Receipt Mailing Address 4409 Constitution Lane 2014 03 City State Zip Code Transaction ID: SA11AI.4375 FL 32448 Marianna FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation In-kind - Tele Advertising PMI,Inc. Owner Receipt For: 2014 Election Cycle-to-Date Primary X General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3)

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

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

	FO	R LINE	NU	MBER:		PAGE	8 OF	:	15
Use separate schedule(s)	(ch	eck only	or or	ne)					
for each category of the		11a		11b	X	11c	11d		
Detailed Summary Page		12		13a		13b	14		15

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Izzo For Congress Full Name (Last, First, Middle Initial) Carl Smink for U.S. Senate Date of Receipt Mailing Address 30428 Holly Run 10 2014 30 City State Zip Code Transaction ID: SA11C.4378 DE 19908 Milton FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 25.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary X General 25.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify)

25.00

25.00

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

NAME OF COMMITTEE (In Full) Izzo For Congress

A. Jerry Dorchuck

Purpose of Disbursement In-kind - Tele Advertising

Candidate Name

Office Sought:

Mailing Address

Candidate Name

Purpose of Disbursement

State:

City

В.

City

Marianna

Full Name (Last, First, Middle Initial)

Mailing Address 4409 Constitution Lane

House Senate

District: Full Name (Last, First, Middle Initial)

President

**PAGE** 15 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Disbursement 2014 03 State Zip Code Amount of Each Disbursement this Period FL 32448 1000.00 Transaction ID: SB17.4377 Category/ Type Disbursement For: 2014 Primary ✓ General Other (specify) Date of Disbursement State Zip Code Amount of Each Disbursement this Period Category/

			Type	
Office Sought:	House	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
State:	District:			
Full Name (Last, F	irst, Middle Initial)			
<u> </u>				Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address				
City		State Zip Code		Amount of Each Disbursement this Period
Purpose of Disburs	sement			
O a all'ala la Nassa				
Candidate Name			Category/	
			Type	
Office Sought:	House	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
State:	District:			
				100000
SUBTOTAL of Disbu	rsements This Page	(optional)		1000.00

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

1000.00

### S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		l		FOR LINE NUMBER: PAGE 10 OF 15 (check only one)  17		
					person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Izzo For Congress	•				
Α.	Full Name (Last, First, Mic Kevin Izzo	ddle Initial)			Date of Disbursement	
	Mailing Address PO Box 7	7673			10 25 2014	
	City Wilmington Purpose of Disbursement	State DE	Zip Code 19803		Amount of Each Disbursement this Period 783.66	
	Reimbursement for caterir	ng event			Transaction ID : SB21.4398	
	Candidate Name			Category/ Type		
	Sel	puse Disbursement For nate Primary Other (s	General			
В.	A 4 22 A 1 1	· 			Date of Disbursement	
		nstitution Lane			10 27 2014	
	City Marianna	State FL	Zip Code 32448		Amount of Each Disbursement this Period	
	Purpose of Disbursement Tele Advertising				1000.00  Transaction ID: SB21.4387	
	Candidate Name			Category/ Type		
	Sel Pre	puse Disbursement For nate Primary other (s	General			
	State: District: Full Name (Last, First, Mic					
C.	Staples	,			Date of Disbursement	
	Mailing Address 3640 Cor	ncord Pike			10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Wilmington		p Code 9803		Amount of Each Disbursement this Period	
	Purpose of Disbursement Office supplies				48.55	
	Candidate Name			Category/ Type	Transaction ID : SB21.4394	
	Sel	puse Disbursement For nate Primary Other (s	X General			
_	State: District:					
s	SUBTOTAL of Disbursement	ts This Page (optional)			1832.21	

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

### S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 11 OF 15 (check only one)  17		
or		es, other than using the name and a E (In Full)			person for the purpose of soliciting contributions e to solicit contributions from such committee.	
A.	Full Name (Last, First, Trader Joe's  Mailing Address 5605 (	·			Date of Disbursement  10 25 2014	
	City Wilmington Purpose of Disburseme Catering Candidate Name	State DE ent	Zip Code 19803	Category/	Amount of Each Disbursement this Period  262.45  Transaction ID: SB21.4389	
	State: Distr		X General	Type		
B.	Full Name (Last, First, Wawa  Mailing Address 4000	,			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Talleyville Purpose of Disburseme Fuel Candidate Name	State DE int	Zip Code 19803	Category/ Type	Amount of Each Disbursement this Period  35.22  Transaction ID : SB21.4395	
	State: Distr		General	,,		
C.	Full Name (Last, First, Wawa  Mailing Address 4000 (	·			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Talleyville Purpose of Disburseme Fuel Candidate Name	DE 1	p Code 9803		Amount of Each Disbursement this Period  39.05  Transaction ID : SB21.4397	
	Office Sought:	House Disbursement For Senate Primary Other (s	X General	Category/ Type		
		nents This Page (optional)			336.72	

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

### S

ITEMIZED DISBURSEMENTS for each			Use separate solution for each categor Detailed Summar	y of the	FOR LINE NUMBER: PAGE 12 OF 15 (check only one)
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
OI	NAME OF COM	MITTEE (In Full)	nd address of any poil	ucai commit	ee to solicit contributions from such committee.
	Izzo For Co				
A.	1.4.7	First, Middle Initial)			Date of Disbursement
	Mailing Address	4000 Concord Pike			10 24 2014
	City Talleyville	State DE	Zip Code 19803		Amount of Each Disbursement this Period
	Purpose of Disbu	ursement	19000		60.00 Transaction ID : SB21.4396
	Candidate Name			Category/ Type	
	Office Sought:	House Disbursement Senate Prim President Othe		3,62	
_	State:	District: First, Middle Initial)			
В.	Tui Name (Last,	Thot, Middle Illiday			Date of Disbursement
	Mailing Address				M M / D D / Y Y Y
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbu	ursement			1,
	Candidate Name			Category/ Type	
	Office Sought:	House Disbursement Senate Prim President Other			
	State:	District: First, Middle Initial)			
C.	ruii Name (Last,	riist, Middle Illitial)			Date of Disbursement
	Mailing Address				M M / D D / Y Y Y
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbu	ursement			
	Candidate Name			Category/ Type	1
	Office Sought:	House Disbursement Senate Prim President Othe			
	State:	District:			
s	SUBTOTAL of Dis	bursements This Page (optional)			60.00

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

2228.93

# SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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	13a
	13h

15

OANS		for each category of th Detailed Summary Pag	
IAME OF COMMITTEE (In Ful	 l)	Transact	tion ID : SC/9.4187
zzo For Congress	,		
LOAN SOURCE Full Name	e (Last, First, Middle Initial)		Election: 2014  Primary
Mailing Address PO Box 7673			General Other (specify) ▼
City	State	ZIP Code	
Wilmington	DE	19803	
Original Amount of Loan	Cumulative Pay	ment To Date Balar	nce Outstanding at Close of This Period
	3000.00	0.00	3000.00
TERMS  Date Incurre	od D	ate Due Interest Rate	% (apr)
List All Endorsers or Gua	rantors (if any) to Loan Source		Yes No
1. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
2. Full Name (Last, First, M	1iddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7 9 9
3. Full Name (Last, First, M	fiddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
4. Full Name (Last, First, N	1iddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 7
SUBTOTALS This Period This	Page (optional)		3000.00
FOTALS This Period (last pag	e in this line only)		3000.00
Carry outstanding balance or	lly to LINE 3, Schedule D, for this	s line. If no Schedule D, carry forw	rard to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

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DANS			for each category of the Detailed Summary Page (check only one) 13a
AME OF COMMITTEE (In Full) zzo For Congress			Transaction ID : SC/10.4102
LOAN SOURCE Full Name	(Last, First, Mide	dle Initial)	Election: 2014
Rose Izzo		,	Primary General
Mailing Address PO Box 7673			Other (specify) ▼
City		State ZIP	Code
Wilmington		DE 198	03
Original Amount of Loan		Cumulative Payment	
9 9	11500.00	9	0.00 11500.00
TERMS  Date Incurred  M 08 / D 30 / Y	ž013 <sup>Y</sup>	Date D	y y none 0.00 % (apr)
List All Endorsers or Guara	antors (if any) to	Loan Source	Yes No
1. Full Name (Last, First, M			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		
FOTALS This Period (last page	in this line only)		
	y to LINE 3, Sch	edule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15

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	13b

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OANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transaci	tion ID : SC/10.4320
zzo For Congress			
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)		Election: 2014 Primary
Mailing Address PO Box 7673			
City	State ZIP	Code	
Wilmington	DE 198	03	
Original Amount of Loan	Cumulative Payment	To Date Balar	nce Outstanding at Close of This Period
1295.0	00	0.00	1295.00
TERMS  Date Incurred  M 08 / D25 / Y 2014	Date D	lue Interest Rate	Secured:
List All Endorsers or Guarantors (in	f any) to Loan Source		Yes No
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	g g m
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 0
SUBTOTALS This Period This Page (or	otional)		1295.00
TOTALS This Period (last page in this	line only)		12795.00
Carry outstanding balance only to LIN	E 3. Schedule D. for this line.	If no Schedule D. carry forw	ard to appropriate line of Summary.