

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRED COSTELLO 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))....	<input type="text" value="36531.42"/>	<input type="text" value="36531.42"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="36531.42"/>	<input type="text" value="36531.42"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="46006.26"/>	<input type="text" value="46006.26"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="46006.26"/>	<input type="text" value="46006.26"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="86009.66"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="100000.00"/>	

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

FRED COSTELLO 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).....	25150.00	25150.00
(ii) Unitemized	5381.42	5381.42
(iii) TOTAL of contributions from individuals	30531.42	30531.42
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	6000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36531.42	36531.42
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	100000.00
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).....	136531.42	136531.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46006.26	46006.26
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	4515.50	4515.50
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	50521.76	50521.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	136531.42
25. SUBTOTAL (add Line 23 and Line 24).....	136531.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50521.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	86009.66

**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 28
	<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)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Andolina

Mailing Address P. O. Box 16, 24 Meadowbrook

City State Zip Code
Arkport NY 14807

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

Name of Employer Occupation
Andolina Dental, PC Dentist

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
02 / 29 / 2016

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Bryan Bergens, DDS

Mailing Address 724 S. Beach Street
Suite 4

City State Zip Code
Daytona Beach FL 32114-5412

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

Name of Employer Occupation
Bergens Periodontics & Implant Dentist

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
03 / 09 / 2016

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. David Brown

Mailing Address 201 Windward Circle

City State Zip Code
Ormond Beach FL 32176-5753

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

Name of Employer Occupation
Drs. Brown & Nawrocki Doctor

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
03 / 31 / 2016

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
250.00

Memo Item

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 6 OF 28
	<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)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Butler

Mailing Address 127 West Lockwood Avenue

City Webster Groves State MO Zip Code 63119

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

Name of Employer Self Occupation Dentist

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
 02 / 29 / 2016

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James Carley, MD

Mailing Address 271 Oak Drive

City Ormond Beach State FL Zip Code 32176

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

Name of Employer Cardiology Physicians Occupation Physician

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
 03 / 21 / 2016

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 990 Rahway Avenue

City Union State NJ Zip Code 07083

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

Name of Employer Self Occupation Dentist

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
 03 / 21 / 2016

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period
250.00

Memo Item

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: PAGE 7 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald L. Dixon

Mailing Address 5145 11th Street
North Beach

City State Zip Code
St. Augustine FL 32084-1464

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

Name of Employer Occupation
Self Physician

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
 03 31 2016

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 7410 Sedona Way

City State Zip Code
Delray Beach FL 33446

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

Name of Employer Occupation
MCNA Dental 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
 03 31 2016

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 200 W. Cypress Creek Road
Suite 500

City State Zip Code
Fort Lauderdale FL 33309

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

Name of Employer Occupation
MCNA Dental Pres/CEO

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
 03 31 2016

Transaction ID : SA11AI.4353

Amount of Each Receipt this Period
2700.00

Memo Item

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: (check only one)	PAGE 8 OF 28
	<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)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Fitzsimmons

Mailing Address 1597 Masterpiece Way

City State Zip Code
DeLand FL 32724-3917

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

Name of Employer Occupation
Gallery Homes of DeLand Builder

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
03 / 21 / 2016

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GEORGE LEMIEUX

Mailing Address 2640A MITCHAM DRIVE

City State Zip Code
TALLAHASSEE FL 32308

FEC ID number of contributing federal political committee. **C** C00494971

Name of Employer Occupation

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
03 / 31 / 2016

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert Grossmann, O.D.

Mailing Address 110 Yorktowne Drive

City State Zip Code
Daytona Beach FL 32119

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

Name of Employer Occupation
Futowski Eye Institute Optometrist

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
03 / 21 / 2016

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
250.00

Memo Item

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 9 OF 28
	<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)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas C. Harrison

Mailing Address 726 Cascet Court

City State Zip Code
Katy TX 77450

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Thomas C. Harrison, DDS, Inc. General Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
J Barry Howell

Mailing Address 1209 E. Colorado Avenue

City State Zip Code
Urbana IL 61801

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 14245-P Centreville Square

City State Zip Code
Centreville VA 20121

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hutchison & Gorman, PLLC Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period

Memo Item

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

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

**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 10 OF 28
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raymond Kenzik, DDS		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2016	
Mailing Address 1423 Oak Forest Drive		Transaction ID : SA11AI.4182	
City Ormond Beach	State FL	Zip Code 32174	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Carlos A. Lacasa		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 5690 SW 84th Trail		Transaction ID : SA11AI.4326	
City Miami	State FL	Zip Code 33143	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer MCNA Dental	Occupation Senior VP & Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) C. Timothy Lane		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2016	
Mailing Address 609 Maitland Avenue		Transaction ID : SA11AI.4424	
City Atlamonte Springs	State FL	Zip Code 32701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Timothy M. Lane, DDS, PA	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	_____

**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 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
L. Gale Lemerand

Mailing Address 810 Fentress Court
Suite 130

City State Zip Code
Daytona Beach FL 32117

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

Name of Employer Occupation
Retired 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 Y
 03 / 21 / 2016

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1 John Anderson Drive
#612

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Occupation
Retired 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
 03 / 09 / 2016

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 839 Westlake Drive

City State Zip Code
Ormond Beach FL 32174-1476

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
243.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period
100.00

Memo Item

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

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

850.00

**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 28

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NAME OF COMMITTEE (In Full)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marvin Miller

Mailing Address 40 Riverside Drive

City Ormond Beach State FL Zip Code 32176

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

Name of Employer Self- Miller Real Estate, Inc. Occupation Realtor

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
 03 / 02 / 2016

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 2179 Old Dixie Highway

City Ormond Beach State FL Zip Code 32174

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

Name of Employer Self Occupation Engineer

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
 03 / 21 / 2016

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 2180 N. Courtenay Parkway

City Merritt Island State FL Zip Code 32953

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

Name of Employer Florida Prosthodontics, PA Occupation Prosthodontist

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
 03 / 10 / 2016

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period
 500.00

Memo Item

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 13 OF 28

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NAME OF COMMITTEE (In Full)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Ronald Renuart Sr.

Mailing Address 138 Osprey Cove Lane

City State Zip Code
 Ponte Vedra FL 32082

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

Name of Employer Occupation
 Baptist Primary Care 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
 03 / 31 / 2016

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 1130 John Anderson Drive

City State Zip Code
 Ormond Beach FL 32176-4123

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

Name of Employer Occupation
 ERAU Basketball Coach

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
 03 / 31 / 2016

Transaction ID : SA11AI.4324

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
James Preston Root

Mailing Address 275 Clyde Morris Boulevard

City State Zip Code
 Ormond Beach FL 32174-5977

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

Name of Employer Occupation
 The Root Company Investor

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
 03 / 21 / 2016

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
 2700.00

Memo Item

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 14 OF 28
	<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)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bryan Shanahan

Mailing Address 750 N. Kendrick

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer Occupation
Self Dentist

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
03 / 10 / 2016

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Edward A. Strongin

Mailing Address 2772 NW 84th Terrace

City State Zip Code
Cooper City FL 33024-5293

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

Name of Employer Occupation
MCNA Dental CFO

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
03 / 31 / 2016

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 275 Clyde Morris Blvd

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
The Root Company CEO

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
03 / 21 / 2016

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
300.00

Memo Item

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

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

3250.00

**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 15 OF 28

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NAME OF COMMITTEE (In Full)
FRED COSTELLO FOR CONGRESS

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

Mailing Address 54 B Pointe Circle

City Greenville State SC Zip Code 29615

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

Name of Employer Self Occupation Dentist

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
 03 / 03 / 2016

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 54 B Pointe Circle

City Greenville State SC Zip Code 29615

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

Name of Employer Self Occupation Dentist

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
 03 / 03 / 2016

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 728 Boylston Street

City Leesburg State FL Zip Code 34748-6302

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

Name of Employer Wade G. Winker DDS PA Occupation Dentist

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
 03 / 09 / 2016

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
 500.00

Memo Item

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: PAGE 16 OF 28
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mary Yocum

Mailing Address 18 Wildwood Trail

City Ormond Beach State FL Zip Code 32174

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

Name of Employer Retired Occupation 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
03 / 21 / 2016

Transaction ID : SA11Al.4224

Amount of Each Receipt this Period
1000.00

Memo Item

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

Memo Item

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

Memo Item

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

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

1000.00

25150.00

**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 17 OF 28
	<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)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2016

Transaction ID : SA11C.4106

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SAWTOOTH POLITICAL ACTION COMMITTEE (SAWTOOTH PAC)

Mailing Address 61 PINEHURST STREET

City MEMPHIS State TN Zip Code 38117

FEC ID number of contributing federal political committee. **C** C00461996

Name of Employer Occupation

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
 03 / 02 / 2016

Transaction ID : SA11C.4114

Amount of Each Receipt this Period
1000.00

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

6000.00

6000.00

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 28
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRED COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fred Costello

Mailing Address 700 W. Granada Boulevard
Suite 201

City Ormond Beach State FM Zip Code 32174

FEC ID number of contributing federal political committee. **C** H6FL06183

Name of Employer Costello and Drake, PA Occupation Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
100000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : SA13A.4541

Amount of Each Receipt this Period
100000.00

Memo Item
 Personal Funds

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

Memo Item

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

Memo Item

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

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

100000.00

100000.00

**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 19 OF 28	
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AAC Computers		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address 2607 S. Woodland Blvd		Amount of Each Disbursement this Period 750.00
City DeLand State FL Zip Code 32720	Purpose of Disbursement Website	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.4294
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon.Com		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address Box 81226		Amount of Each Disbursement this Period 211.94
City Seattle State WA Zip Code 98108-1226	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.4503
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle Pub Fee		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Processing Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.4490
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	986.94
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 20 OF 28	
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aristotle Pub Fee			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016	
Mailing Address 205 Pennsylvania Avenue, SE			Amount of Each Disbursement this Period 5.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Processing Fee		Category/ Type 001	Transaction ID : SB17.4428	
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. Aristotle Pub Fee			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016	
Mailing Address 205 Pennsylvania Avenue, SE			Amount of Each Disbursement this Period 5.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Processing Fee		Category/ Type 001	Transaction ID : SB17.4431	
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) C. Aristotle Pub Fee			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016	
Mailing Address 205 Pennsylvania Avenue, SE			Amount of Each Disbursement this Period 12.50	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Processing Fee		Category/ Type 001	Transaction ID : SB17.4434	
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:				

SUBTOTAL of Disbursements This Page (optional)	22.50
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 21 OF 28	
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Victor W. Baker			Date of Disbursement MM / DD / YYYY 02 / 11 / 2016	
Mailing Address 2507 Fairfax Avenue			Amount of Each Disbursement this Period 2500.00	
City New Smyrna Beach	State FL	Zip Code 32168-5841	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : SB17.4369	
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. BZ Mailing Services			Date of Disbursement MM / DD / YYYY 02 / 19 / 2016	
Mailing Address 1901 Mason Avenue #103			Amount of Each Disbursement this Period 14554.78	
City Daytona Beach	State FL	Zip Code 32117	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Mailings		Category/ Type	Transaction ID : SB17.4249	
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) c. BZ Mailing Services			Date of Disbursement MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 1901 Mason Avenue #103			Amount of Each Disbursement this Period 7500.00	
City Daytona Beach	State FL	Zip Code 32117	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Direct Mail		Category/ Type	Transaction ID : SB17.4505	
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:			

SUBTOTAL of Disbursements This Page (optional).....	24554.78
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 22 OF 28			
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BZ Mailing Services			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016		
Mailing Address 1901 Mason Avenue #103			Amount of Each Disbursement this Period 6390.00		
City Daytona Beach	State FL	Zip Code 32117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Signs		Category/ Type			
Candidate Name		Transaction ID : SB17.4261			
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. BZ Mailing Services			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016		
Mailing Address 1901 Mason Avenue #103			Amount of Each Disbursement this Period 525.26		
City Daytona Beach	State FL	Zip Code 32117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Shirts		Category/ Type			
Candidate Name		Transaction ID : SB17.4267			
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) C. BZ Mailing Services			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016		
Mailing Address 1901 Mason Avenue #103			Amount of Each Disbursement this Period 1099.21		
City Daytona Beach	State FL	Zip Code 32117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Mailings		Category/ Type			
Candidate Name		Transaction ID : SB17.4316			
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:					

SUBTOTAL of Disbursements This Page (optional).....	8014.47
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 23 OF 28	
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BZ Mailing Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 1901 Mason Avenue #103		Amount of Each Disbursement this Period 305.87
City Daytona Beach	State FL	
Zip Code 32117	Purpose of Disbursement Mailings	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4317
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. Gegory McDowall		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 915 Mangham Road		Amount of Each Disbursement this Period 1500.00
City Babson Oark	State FL	
Zip Code 33827	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4289
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) C. Jared Mitchell		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address 737 W. Voorhis Avenue		Amount of Each Disbursement this Period 3500.00
City DeLand	State FL	
Zip Code 32720	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.4371
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:		

SUBTOTAL of Disbursements This Page (optional).....	5305.87
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 24 OF 28	
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jared Mitchell			Date of Disbursement MM / DD / YYYY 02 / 29 / 2016	
Mailing Address 737 W. Voorhis Avenue			Amount of Each Disbursement this Period 2000.00	
City DeLand	State FL	Zip Code 32720	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		Category/Type 001		
Candidate Name			Transaction ID : SB17.4259	
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. Jared Mitchell			Date of Disbursement MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 737 W. Voorhis Avenue			Amount of Each Disbursement this Period 468.25	
City DeLand	State FL	Zip Code 32720	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimb for office supplies/printing		Category/Type 001		
Candidate Name			Transaction ID : SB17.4293	
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) c. Office Depot/Office Max			Date of Disbursement MM / DD / YYYY 03 / 13 / 2016	
Mailing Address 1470 N. Woodland Boulevard			Amount of Each Disbursement this Period 58.15	
City DeLand	State FL	Zip Code 32720	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Office Supplies		Category/Type 001		
Candidate Name			Transaction ID : SB17.4293.1	
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:				

SUBTOTAL of Disbursements This Page (optional).....	2468.25
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 25 OF 28	
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot/Office Max		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016
Mailing Address 1470 N. Woodland Boulevard		Amount of Each Disbursement this Period 147.00
City DeLand State FL Zip Code 32720	Purpose of Disbursement Office Supplies 001 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4293.5
State: District:		

Full Name (Last, First, Middle Initial) B. The Callan Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 940 Village Trail Suite 9204		Amount of Each Disbursement this Period 500.00
City Port Orange State FL Zip Code 32127	Purpose of Disbursement Advertising & Promotion 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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.4318
State: District:		

Full Name (Last, First, Middle Initial) c. Web Elect		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016
Mailing Address 1256 Vinetree Drive		Amount of Each Disbursement this Period 2815.00
City Brandon State FL Zip Code 33510	Purpose of Disbursement Voter Data 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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.4377
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3315.00
TOTAL This Period (last page this line number only).....	44667.81

**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 26 OF 28
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Boys & Girls Clubs of Vol/Flag		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 101 N. Woodland Boulevard #400		Amount of Each Disbursement this Period 1500.00
City DeLand	State FL Zip Code 32720	
Purpose of Disbursement Sponsorships	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB21.4277

Full Name (Last, First, Middle Initial) B. Embry-Riddle		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 600 S. Clyde Morris Boulevard		Amount of Each Disbursement this Period 250.00
City Daytona Beach	State FL Zip Code 32114	
Purpose of Disbursement Sponsorship	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB21.4308

Full Name (Last, First, Middle Initial) C. Gateway Center for the Arts		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 880 N. Highway 17/92		Amount of Each Disbursement this Period 250.00
City DeBary	State FL Zip Code 32713	
Purpose of Disbursement Sponsorships	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB21.4273

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 28	
	<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)
FRED COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RECVC		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address P. O. Box 9096		Amount of Each Disbursement this Period 1000.00
City Daytona Beach	State FL	
Zip Code 32120	Purpose of Disbursement Sponsorships	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB21.4296
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. Republican Club of Daytona Beach		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 661 Beville Road		Amount of Each Disbursement this Period 220.00
City South Daytona	State FL	
Zip Code 32119	Purpose of Disbursement Sponsorships	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB21.4298
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) C. United Way of Volusia/Flagler		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 3747 W. International Speedway Bl		Amount of Each Disbursement this Period 310.50
City Daytona Beach	State FL	
Zip Code 32124-1071	Purpose of Disbursement Sponsorships	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB21.4279
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:		

SUBTOTAL of Disbursements This Page (optional).....	1530.50
TOTAL This Period (last page this line number only).....	3530.50

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRED COSTELLO FOR CONGRESS** Transaction ID : **SC/10.4541**

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Fred Costello	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 700 W. Granada Boulevard Suite 201	

City	State	ZIP Code
Ormond Beach	FM	32174

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 01 / Y 2016	M M / D D / Y 02/01/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	100000.00
TOTALS This Period (last page in this line only).....	100000.00

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