



**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))....	36531.42	36531.42
(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)).....	36531.42	36531.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	46006.26	46006.26
(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)).....	46006.26	46006.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	86009.66	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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. <b>TOTAL RECEIPTS</b> (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. <b>TOTAL DISBURSEMENTS</b> (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: PAGE 6 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)  
**Robert Butler**

Mailing Address 127 West Lockwood Avenue

City State Zip Code  
Webster Groves MO 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 State Zip Code  
Ormond Beach FL 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 State Zip Code  
Union NJ 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: (check only one)	PAGE 7 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)  
**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 Self Occupation 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 MCNA Dental Occupation 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 MCNA Dental Occupation 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. **C**

Name of Employer Occupation  
Thomas C. Harrison, DDS, Inc. General 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.4388**

Amount of Each Receipt this Period  
250.00

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. **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.4399**

Amount of Each Receipt this Period  
250.00

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. **C**

Name of Employer Occupation  
Hutchison & Gorman, PLLC Dentist

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  
02 / 29 / 2016

**Transaction ID : SA11AI.4382**

Amount of Each Receipt this Period  
1000.00

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 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**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Kenzik, DDS**

Mailing Address 1423 Oak Forest Drive

City Ormond Beach State FL Zip Code 32174

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.4182**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 5690 SW 84th Trail

City Miami State FL Zip Code 33143

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

Name of Employer MCNA Dental Occupation Senior VP & 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.4326**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Timothy Lane**

Mailing Address 609 Maitland Avenue

City Atlamonte Springs State FL Zip Code 32701

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

Name of Employer Timothy M. Lane, 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 / 17 / 2016

**Transaction ID : SA11AI.4424**

Amount of Each Receipt this Period  
500.00

Memo Item  
Lane, Timothy

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

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

3450.00

**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 11 OF 28

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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)	PAGE 12 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)  
**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 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 / 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 MCNA Dental Occupation 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 The Root Company Occupation 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)	PAGE 15 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)  
**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: (check only one)	PAGE 16 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)  
**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

Date of Receipt  
 M M M / D 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 M / D 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 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).....

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).....

**6000.00**

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

**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 M / D 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 M / D 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 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).....

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) <b>A. AAC Computers</b>		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)	<b>Transaction ID : SB17.4294</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.Com</b>		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)	<b>Transaction ID : SB17.4503</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle Pub Fee</b>		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)	<b>Transaction ID : SB17.4490</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	986.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. Aristotle Pub Fee</b>		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	Purpose of Disbursement Processing Fee 001 Category/Type	
Candidate Name		<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)	<b>Transaction ID : SB17.4428</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle Pub Fee</b>		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	Purpose of Disbursement Processing Fee 001 Category/Type	
Candidate Name		<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)	<b>Transaction ID : SB17.4431</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle Pub Fee</b>		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	Purpose of Disbursement Processing Fee 001 Category/Type	
Candidate Name		<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)	<b>Transaction ID : SB17.4434</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. Victor W. Baker</b>		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	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.4369</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BZ Mailing Services</b>		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	Purpose of Disbursement Mailings	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4249</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. BZ Mailing Services</b>		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	Purpose of Disbursement Direct Mail	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4505</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24554.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. BZ Mailing Services</b>		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	Purpose of Disbursement Signs	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4261</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BZ Mailing Services</b>		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	Purpose of Disbursement Shirts	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4267</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BZ Mailing Services</b>		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	Purpose of Disbursement Mailings	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4316</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8014.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. BZ Mailing Services</b>			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	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Mailings		Category/ Type	Transaction ID : <b>SB17.4317</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Gegory McDowall</b>			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	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : <b>SB17.4289</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Jared Mitchell</b>			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	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : <b>SB17.4371</b>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5305.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. Jared Mitchell</b>			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	Transaction ID : <b>SB17.4259</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jared Mitchell</b>			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	Transaction ID : <b>SB17.4293</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Office Depot/Office Max</b>			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	Transaction ID : <b>SB17.4293.1</b>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2468.25
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 28	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRED COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Office Depot/Office Max</b>		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	Category/Type 001	
Candidate Name	<input checked="" 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)	<b>Transaction ID : SB17.4293.5</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Callan Group</b>		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	<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)	<b>Transaction ID : SB17.4318</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Web Elect</b>		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	<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)	<b>Transaction ID : SB17.4377</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3315.00
<b>TOTAL</b> 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) <b>A. Boys &amp; Girls Clubs of Vol/Flag</b>		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 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.4277</b>
City DeLand State FL Zip Code 32720	Purpose of Disbursement Sponsorships	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Embry-Riddle</b>		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 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.4308</b>
City Daytona Beach State FL Zip Code 32114	Purpose of Disbursement Sponsorship	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gateway Center for the Arts</b>		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 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.4273</b>
City DeBary State FL Zip Code 32713	Purpose of Disbursement Sponsorships	
Candidate Name	Category/Type	
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. RECVC</b>		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	<b>Transaction ID : SB21.4296</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Republican Club of Daytona Beach</b>		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	<b>Transaction ID : SB21.4298</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Way of Volusia/Flagler</b>		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	<b>Transaction ID : SB21.4279</b>
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:		

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4541

**FRED COSTELLO FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Fred Costello**

Election: 2016

Primary  
 General  
 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:  
02 / 01 / 2016 M M / D D / 02/01/2018 0.00 % (apr)  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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**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.