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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee			Offic	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	cample: If typing, type ver the lines.	12FE4M5	
Izzo For Congress					1
ADDRESS (number and street)	2115 Coventry [Orive			
▼ Check if different					
than previously reported. (ACC)	Wilmington			DE 198	10
2. FEC IDENTIFICATION N	IUMBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00548040		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT DE 01
4. TYPE OF REPORT (C	hoose One)	(b) 12-Day PRE	E-Election Report for th	۵۰	
(a) Quarterly Reports:		(e) 12 bay 1112			П
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3)		ᆜ	Primary (12P)	General (12G)	Runoff (12R)
			Convention (12C)	Special (12S)	
		Election on	M M / D D	/ Y Y Y Y	in the State of
January 31 Year-E	End Report (YE)	(c) 30-Day POS	ST-Election Report for t	he:	
_	, , ,	(e) 00 Bay 1 0			
			General (30G)	Runoff (30R)	Special (30S)
Termination Repor	rt (TER)	Election on	M M / D D	/ Y " Y " Y " Y	in the State of
5. Covering Period	07 / 01 /	Y Y Y Y Y Y Y 2016	through	09 30 / Y	2016
I certify that I have examined to	Izzo, Kevin, Mi		nowledge and belief it i	's true, correct and cor	mplete.
Izz Signature of Treasurer	o, Kevin, Michael, ,		[Electronically Filed]	Date 09	30 /
NOTE: Submission of false, error	neous, or incomplete	e information may	subject the person signi	ng this Report to the pe	enalties of 52 U.S.C. §30109
Office					
Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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Write or Type Committee Name Izzo For Congress

2016 2016 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 24255.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 24255.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 24030.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 24030.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 20.16 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 3000.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 12888.00 Schedule C and/or Schedule D).....

For further information contact:

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

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

15. OTHER RECEIPTS

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

(Dividends, Interest, etc.)

(Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

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Write or Type Committee Name

of Receipts

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0.00

24348.00

Izzo For Congress 07 09 01 2016 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 24000.00 (i) Itemized (use Schedule A)...... 255.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 24255.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 24255.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 93.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 93.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.)

0.00

0.00

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4/8

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COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 24030.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 314.82 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 24344.82 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 20.16 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 20.16 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 20.16 (subtract Line 26 from Line 25).....

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

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

FOR LINE NUMBER: (check only one)

PAGE

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13a 13b Transaction ID: SC/9.4187 NAME OF COMMITTEE (In Full) Izzo For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Izzo, Rose,,, General Mailing Address PO Box 7673 Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate DE 19803 Wilmington Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M D06D ž013 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only)..... 3000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 6
FOR LINE NUMBER: (check only one)

×	13a
	13b

8

OF

Transaction ID: SC/10.4102 NAME OF COMMITTEE (In Full) Izzo For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Izzo, Rose,,, General Mailing Address PO Box 7673 Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate DE 19803 Wilmington Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11500.00 0.00 11500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D ^M80^M ž013 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 11500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7
FOR LINE NUMBER: (check only one)

×	13a
	13h

8

OF

Transaction ID: SC/10.4320 NAME OF COMMITTEE (In Full) Izzo For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Izzo, Rose,,, General X Mailing Address PO Box 7673 Other (specify) City State ZIP Code Personal Funds of the Candidate DE 19803 Wilmington Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1295.00 0.00 1295.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D25^D ^M80^M ž014 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1295.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8
FOR LINE NUMBER: (check only one)

X 13a

8

OF

		130
NAME OF COMMITTEE (In Full) Izzo For Congress		Transaction ID : SC/10.4403
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Memo Item Election: 2016
Izzo, Rose, , ,	,	Memo Item Clection: 2016
Mailing Address 2115 Coventry Drive		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Wilmington	DE	19810
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
93.00	,	0.00 93.00
TERMS Date Incurred	[Oate Due Interest Rate Secured: (If none, enter 0)
M09M / D25D / Y Ž01Š Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	93.00
TOTALS This Period (last page in this line or	nly)	12888.00
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.