Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. RYAN COSTELLO FOR CONGRESS PO Box 3154 ADDRESS (number and street) (Check if address is changed) West Chester 19381-3154 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS linda.r.dexter@gmail.com (Check if address is changed) Optional Second E-Mail Address |dextercampaigns@gmail.com| COMMITTEE'S WEB PAGE ADDRESS (URL) www.ryancostelloforcongress.com (Check if address is changed) DATE 2018 C00554899 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. DEXTER, LINDA, R,, Type or Print Name of Treasurer DEXTER, LINDA, R,, [Electronically Filed] 03 23 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009) Page 2
		COMMITTEE Committee:
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	of.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Cand		Costello, Ryan A, , ,
Cand Party	lidate Affiliati	on REP Office Sought: X House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Con	nmittee: (National, State (Democratic,
(d)		This committee is a committee of the Republican, etc.) Pa
Poli	tical A	action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number
	3.	FEC ID number
	4	

FEC Form 1 (Re	revised 02/2009)	Page 3
Write or Type Committee		i aye 3
	STELLO FOR CONGRESS	
	ected Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
-		
Curbelo/Costello	Leadership Committee	
Mailing Address	824 S Milledge Ave	
	Ste 101	
	Athens	iA 30605-1332
	CITY	TATE ZIP CODE
Relationship: Co	onnected Organization Affiliated Committee X Joint Fundraising Rep	resentative Leadership PAC Sponsor
Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position o	f the person in possession of committee
DE Full Name	EXTER, LINDA, R, ,	
	PO Box 72	
Mailing Address		
	Uwchland	PA , 19480-0072 , ,
Title or Position	CITY STA	TE ZIP CODE
Custodian of Record	ds Telephone number	484 - 437 - 3327
Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the comt (e.g., assistant treasurer).	nmittee; and the name and address of
	EXTER, LINDA, R, ,	ı
of Treasurer	IPO Box 72	
Mailing Address		
		PA 19480-0072 - 19480-0072
Title or Position Treasurer	CITY STA*	TE ZIP CODE

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes Name of Bank, Depo	or maintains funds.	6
safety deposit boxes Name of Bank, Depo	or maintains funds. Disitory, etc. 1909 K Street NW	6 ZIP CODE
safety deposit boxes Name of Bank, Depo	or maintains funds. DC 20000 CITY STATE	
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	or maintains funds. pository, etc. B&T 1909 K Street NW Washington CITY STATE DC 20000	
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	or maintains funds. psitory, etc. B&T 1909 K Street NW Washington CITY STATE psitory, etc. ryn Mawr Trust	
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	or maintains funds. pository, etc. B&T 1909 K Street NW Washington CITY STATE DC 20000	
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo Br	or maintains funds. psitory, etc. B&T 1909 K Street NW Washington CITY STATE psitory, etc. ryn Mawr Trust	
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo Br	or maintains funds. psitory, etc. B&T 1909 K Street NW Washington CITY STATE psitory, etc. ryn Mawr Trust	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun an Achievements And Promoting E		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA VA	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connected		int Fundraising Represent	tative Leadership PAC Sp
Connected	d Organization Affiliated Committee X Jo	int Fundraising Represent	tative Leadership PAC Sp
Connected esignated Agent: Identify	d Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name	d Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name	d Organization Affiliated Committee X Jo	int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identify Full Name	Affiliated Committee by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	Affiliated Committee by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which intains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____11___

(h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected Care America	Organization, Affiliated Committee, Joint Fun	ndraising Representativ	ve, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD L	30844-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	tative Leadership PAC Sp
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	tative Leadership PAC Sp
Connecte Designated Agent: Identif	d Organization Affiliated Committee	oint Fundraising Represent	tative Leadership PAC Sp
Connecte Pesignated Agent: Identif	d Organization Affiliated Committee	oint Fundraising Represent	tative Leadership PAC Spo
Connecte Pesignated Agent: Identif	d Organization Affiliated Committee	oint Fundraising Represent	tative Leadership PAC Sp
Connecte Pesignated Agent: Identif	d Organization Affiliated Committee y by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sports and Leadership PAC Spo
Pesignated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee y by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE ▲ Telephone Number	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail afety depository, etc. Eagle!	Affiliated Committee y Jo y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Bank	STATE ▲ Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.	. [FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	e of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
		824 S Milledge Ave		
	Mailing Address	Ste 101		
		Athens	ı GA ı	30605-1332
	Relationship:	CITY A	STATE A	ZIP CODE A
			Januarising Representa	
F	gnated Agent: Identify full Name	by name, address (phone number – optional)		
F	ull Name	by name, address (phone number – optional)		
F	ull Name			
F	Gull Name	CITY A	STATE A	ZIP CODE A
F	ull Name	CITY A		
9. Bank safety	TITLE OR POSITION as or Other Depositoring deposit boxes or main	CITY CITY Telep es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9. Bank safety	TITLE OR POSITION ss or Other Depositoricy deposit boxes or main e of Bank, First Resistory, etc.	CITY CITY Telep es: List all banks or other depositories in which the ntains funds.	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (l

r(h). Joint Fundraising	a Participant:		
1.	 	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
4.			
-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
Pa In 18			
Mailing Address	PO Box 26141		
	Alexandria	VA	22313-6141
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name	by name, address (phone number – optional)		
Mailing Address			
	1	1 1 . 1	1
	CITY A	STATE A	ZIP CODE ▲
TITLE OR POSITION	1	STATE A	ZIP CODE ▲
TITLE OR POSITION	•	STATE lephone Number	ZIP CODE A
Banks or Other Depositor safety deposit boxes or mai	Te ies: List all banks or other depositories in which to the standard funds.	lephone Number	
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which that intains funds.	lephone Number	
Banks or Other Depositor safety deposit boxes or mai	Te ies: List all banks or other depositories in which to the standard funds.	lephone Number	
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which that intains funds.	lephone Number	
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which that intains funds.	lephone Number	

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrais For Freedom	ing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	VA	22314-5404
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fu	ndraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telep	phone Number	
9.	Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, etc.		committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ntains funds.	committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or main Name of Bank, Wells F	argo	committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	argo	committee deposit	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ion, Affiliated Committee, 30844 CITY address (phone number —	Joint Fundr	FEC ID	MD STATE A	
con, Affiliated Committee, 30844 CITY Affiliated Committee	Joint Fundr	FEC ID	onumber oresentativ	re, or Leadership PAC Spanish
con, Affiliated Committee, 30844 CITY Affiliated Committee	Joint Fundr	raising Rep	oresentativ	re, or Leadership PAC Special Company of the Compan
con, Affiliated Committee, 30844 CITY Affiliated Committee	Joint Fundr	raising Rep	oresentativ	ze, or Leadership PAC Special
c 30844 da CITY on Affiliated Committee	e X Joint		MD STATE A	20824-0844 ZIP CODE A
c 30844 da CITY on Affiliated Committee	e X Joint		MD STATE A	20824-0844 ZIP CODE A
da CITY ▲ on Affiliated Committee	_	Fundraising	STATE A	ZIP CODE A
da CITY ▲ on Affiliated Committee	_	Fundraising	STATE A	ZIP CODE A
da CITY ▲ on Affiliated Committee	_	Fundraising	STATE A	ZIP CODE A
da CITY ▲ on Affiliated Committee	_	Fundraising	STATE A	ZIP CODE A
CITY ▲ on Affiliated Committee	_	Fundraising	STATE A	ZIP CODE A
CITY ▲ on Affiliated Committee	_	Fundraising	STATE A	ZIP CODE A
on Affiliated Committee	_	Fundraising		
	_	Fundraising	g Represen	
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CITY			STATE A	ZIP CODE A
0111 2		•	JIAIL A	211 0001
	Te	elephone N	umber _	
	CITY A	CITY Te	CITY Telephone N I banks or other depositories in which the commids.	CITY STATE Telephone Number I banks or other depositories in which the committee deposits.

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching Mame of Bank, Depository, etc. Mailing Address	ies: List all banks or		STATE A Telephone Number In the committee deposit	ZIP CODE ZIP CODE s funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or intains funds.	<u> </u>	Telephone Number	
Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or intains funds.	<u> </u>	Telephone Number	
Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or intains funds.	<u> </u>	Telephone Number	
Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or	<u> </u>	Telephone Number	
Banks or Other Depositor	ies: List all banks or	<u> </u>	Telephone Number	
TITLE OR POSITION	V	ı	1	ZIP CODE A
TITLE OR POSITION	\	CITY A	STATE A	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address (phone number – optional)		
Connected	Organization A	ffiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
			_	1 , , 1_1
Mailing Address				
1	-			,, o
Name of Any Connected	Organization Affilia	ted Committee Joint Fund	traising Representative	e, or Leadership PAC Sponso
4.			FEC ID number	C
			FEC ID number	С
3			FEC ID number	C
2		, , , , , , , , , , , , , , ,		