

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**RYAN COSTELLO FOR CONGRESS**

ADDRESS (number and street) PO BOX 3154  
 Check if different than previously reported. (ACC) WEST CHESTER PA 19381

2. **FEC IDENTIFICATION NUMBER** C C00554899 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
PA 06

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 / 04 / 2014 in the State of PA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOT R. WITHERS

Signature of Treasurer SCOT R. WITHERS [Electronically Filed] Date 10 / 23 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**RYAN 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))....	101320.00	1629687.49
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4886.50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	101320.00	1624800.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	346015.65	1146529.98
(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)).....	346015.65	1146529.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	455359.76	
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).....	0.00	

**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

**RYAN COSTELLO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	67350.00	827264.11
(ii) Unitemized.....	1770.00	20747.01
(iii) TOTAL of contributions from individuals ▶	69120.00	848011.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	32200.00	781676.37
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	101320.00	1629687.49
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	2088.75
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	101320.00	1631776.24

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	346015.65	1146529.98
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	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3686.50
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4886.50
21. OTHER DISBURSEMENTS .....	25000.00	25000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	371015.65	1176416.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	725055.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	101320.00
25. SUBTOTAL (add Line 23 and Line 24).....	826375.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	371015.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	455359.76

**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 54
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN SADLER AICHELE**

Mailing Address 3800 CENTRE SQ. W

City PHILADELPHIA	State PA	Zip Code 19102
----------------------	-------------	-------------------

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

Name of Employer SAUL EWING LLP	Occupation ATTORNEY
------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11A1.7622**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD H. ANDERSON**

Mailing Address 345 BRENTWOOD TERRACE NE

City ATLANTA	State GA	Zip Code 30305
-----------------	-------------	-------------------

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

Name of Employer DELTA AIRLINES	Occupation CEO
------------------------------------	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11A1.7675**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD ANTOIAN**

Mailing Address 415 LANTERN LANE

City BERWYN	State PA	Zip Code 19312
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FEC ID number of contributing federal political committee. **C**

Name of Employer ZEKE	Occupation INVESTMENT MANAGER
--------------------------	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11A1.7639**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RICH BEESON**

Mailing Address **7500 EAST SUNSET TRAIL**

City **PARKER** State **CO** Zip Code **80134**

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

Name of Employer **FLS CONNECT** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11A1.7571**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARCIA BINDER**

Mailing Address **129 DEBORAH DRIVE**

City **READING** State **PA** Zip Code **19610**

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

Name of Employer **STEVENS AND LEE** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : SA11A1.7634**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT BOLLAND**

Mailing Address **620 THORNCROFT DRIVE**

City **WEST CHESTER** State **PA** Zip Code **19380**

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

Name of Employer **MAILLIE LLP** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11A1.7520**

Amount of Each Receipt this Period  
**200.00**  
 IN-KIND: PAYROLL SERVICES/TAXES

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

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

**1700.00**

**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 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ALEXANDER BRATIC**

Mailing Address 120 E. UWCHLAN AVE  
STE 101

City State Zip Code  
EXTON PA 19341

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

Name of Employer Occupation  
BRATIC INC MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11AI.7677**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES BRUTON**

Mailing Address 403 EAST LANCASTER AVENUE

City State Zip Code  
DOWNTOWN PA 19335

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

Name of Employer Occupation  
BRUTON FINANCIAL PARTNERS FIDUCIARY CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11AI.7552**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER W. CARLINO**

Mailing Address 875 BERKSHIRE BLVD  
SUITE 102

City State Zip Code  
WYOMISSING PA 19610

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

Name of Employer Occupation  
CARLINO DEVELOPMENT GROUP REAL ESTATE DEVELOPMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11AI.7557**

Amount of Each Receipt this Period  
1100.00

**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 8 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN W CLEMENTS**

Mailing Address 300 NORTH ELM STREET

City State Zip Code  
WERNERSVILLE PA 19565

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11AI.7621**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN JACOB CONNOR**

Mailing Address 3733 SCHOOL LANE

City State Zip Code  
NEWTOWN SQUARE PA 19073

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

Name of Employer Occupation  
HAAS GROUP INTERNATIONAL GLOBAL DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2014

**Transaction ID : SA11AI.7585**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS J. COOKE**

Mailing Address 1780 CREEK ROAD  
PO BOX 137

City State Zip Code  
GLENMOORE PA 19343

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

Name of Employer Occupation  
EUCLID TWP BUILDING AND ZONING OFFICAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2014

**Transaction ID : SA11AI.7569**

Amount of Each Receipt this Period  
250.00

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

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

3350.00



**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 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MATTHEW COUGLE**

Mailing Address 9942 ZIEGELS CHURCH ROAD

City State Zip Code  
BREINIGSVILLE PA 18031

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

Name of Employer Occupation  
CRI PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11A1.7559**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**CARL K. CROFT**

Mailing Address 6 SUSSEX PLACE

City State Zip Code  
DOWNTOWN PA 19335

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

Name of Employer Occupation  
CARL CROFT, CPA CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11A1.7683**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVID CROSSED**

Mailing Address 1727 TOWNE DR

City State Zip Code  
WEST CHESTER PA 19380

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

Name of Employer Occupation  
NAVIGATE MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11A1.7602**

Amount of Each Receipt this Period  
250.00

**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 10 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DAVID CROSSED**

Mailing Address 1727 TOWNE DR

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer NAVIGATE Occupation MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.7603**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**RONALD K DANKANICH**

Mailing Address 71 INDIANTOWN ROAD

City GLENMOORE State PA Zip Code 19343

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

Name of Employer BRYN MAWR BANK CORP Occupation SENIOR VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.7685**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**ANTHONY M DIGIROLAMO**

Mailing Address 245 ATLANTIC AVE

City SINKING SPRING State PA Zip Code 19608

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

Name of Employer SWEET STREET DESSERTS, INC. Occupation TREASURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.7636**

Amount of Each Receipt this Period  
**500.00**

**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 11 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL S. DIMUCCI**

Mailing Address 213 FOWLER DRIVE

City State Zip Code  
WEST CHESTER PA 19382

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

Name of Employer Occupation  
PENNONI ASSOCIATES ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
435.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 15 2014

**Transaction ID : SA11A1.7605**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD EHST**

Mailing Address 1309 EAST WYOMISSING BLVD

City State Zip Code  
READING PA 19611

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

Name of Employer Occupation  
CUSTOMERS BANK CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 14 2014

**Transaction ID : SA11A1.7687**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER T. EISENHAUER**

Mailing Address 170 STEEPLE DRIVE

City State Zip Code  
ROBESONIA PA 19551

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

Name of Employer Occupation  
EISENHAUER NISSAN AUTO DEALER/PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 02 2014

**Transaction ID : SA11A1.7565**

Amount of Each Receipt this Period  
1100.00

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

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

2200.00

**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 54

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

**A.** Full Name (Last, First, Middle Initial)  
**JAY G FISCHER**

Mailing Address 11 CLOVER LANE

City State Zip Code  
 DOWNINGTOWN PA 19335

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

Name of Employer Occupation  
 VALOCCHI & FISCHER ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.7691**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**THAD J. FORTIN**

Mailing Address 890 BAINBRIDGE DRIVE

City State Zip Code  
 WEST CHESTER PA 19382

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

Name of Employer Occupation  
 HAAS GROUP INTERNATIONAL EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.7589**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**JOEL L. FRANK**

Mailing Address 1222 BRIDGEWATER DR

City State Zip Code  
 WEST CHESTER PA 19380

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

Name of Employer Occupation  
 LAMB MCERLANE PC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7595**

Amount of Each Receipt this Period  
 1000.00

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

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

3850.00

**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 13 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD FRAZIER**

Mailing Address 2045 GRANTHAM AVE.

City State Zip Code  
BERWYN PA 19312

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

Name of Employer Occupation  
SAUL EWING LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2014

**Transaction ID : SA11AI.7623**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN GALLAGHER**

Mailing Address 16 BRIAR ROAD

City State Zip Code  
WAYNE PA 19087

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

Name of Employer Occupation  
SOVEREIGN INSURANCE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11AI.7630**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**LUCILLE GARLAND**

Mailing Address 932 SCONELLTOWN ROAD

City State Zip Code  
WEST CHESTER PA 19382

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2014

**Transaction ID : SA11AI.7542**

Amount of Each Receipt this Period  
2000.00

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

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

3000.00

**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 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES GENUARDI**

Mailing Address 1101 S LEOPARD RD

City State Zip Code  
BERWYN PA 19312

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2014

**Transaction ID : SA11AI.7695**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL GEORGE**

Mailing Address 2036 BUTTONWOOD ROAD

City State Zip Code  
BERWYN PA 19312

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

Name of Employer Occupation  
QVC EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2014

**Transaction ID : SA11AI.7611**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER F GIORGI**

Mailing Address 1635 MUSEUM RD

City State Zip Code  
WYOMISSING PA 19610

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

Name of Employer Occupation  
GIORGIO FOODS, INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.7572**

Amount of Each Receipt this Period  
2600.00

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

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

5700.00

**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 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES E. GUTKNECHT**

Mailing Address 51 OAKRIDGE DRIVE

City: VOORHEES State: NJ Zip Code: 08043

FEC ID number of contributing federal political committee: C

Name of Employer: HAAS GROUP INTERNATIONAL Occupation: SECRETARY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 10 / 07 / 2014

**Transaction ID : SA11AI.7587**

Amount of Each Receipt this Period: 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES H HAMILTON**

Mailing Address 216 WASHINGTON AVE

City: DOWNINGTOWN State: PA Zip Code: 19335

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 10 / 2014

**Transaction ID : SA11AI.7697**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**MARYANN T. HOLLERAN**

Mailing Address 217 STUART AVENUE

City: DOWNINGTOWN State: PA Zip Code: 19335

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 10 / 2014

**Transaction ID : SA11AI.7699**

Amount of Each Receipt this Period: 250.00

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

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

2000.00

**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 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT HUGHES**

Mailing Address 2264 CHABLIS DRIVE

City State Zip Code  
MACUNGIE PA 18062

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

Name of Employer Occupation  
HUGHES INVESTMENT, L.P. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11AI.7591**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR KEVIN C. KERR**

Mailing Address 16 HERON HILL DRIVE

City State Zip Code  
DOWNTOWN PA 19355

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

Name of Employer Occupation  
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.7627**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHELE L KICHLINE**

Mailing Address 287 KELLER ROAD

City State Zip Code  
BERWYN PA 19312

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

Name of Employer Occupation  
DECHERT, LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11AI.7561**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00



**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 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN KIRWIN, III**

Mailing Address 950 WEST VALLEY ROAD  
SUTIE 2900

City WAYNE State PA Zip Code 19087

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

Name of Employer ARGOSY CAPITAL Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.7547**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN D. KOYNER**

Mailing Address 105 SIDE SADDLE PLACE

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer HAAS GROUP INTERNATIONAL Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.7583**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNE KUDLA**

Mailing Address 1910 BARKER CIRCLE

City WEST CHESTER State PA Zip Code 19383

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

Name of Employer HAAS GROUP INTERNATIONAL Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.7576**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

**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 18 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. DAVID F. LINCOLN**

Mailing Address 314 KENT ROAD

City State Zip Code  
WYNNEWOOD PA 19096

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ELEMENT PARTNERS EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7566**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD D. LINDERMAN**

Mailing Address 41 E. HIGH STREET

City State Zip Code  
POTTSTOWN PA 19464

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
O'DONNELL WEISS MATTEI ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7705**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**JOAN ELIZABETH LONDON**

Mailing Address 212 POPLAR DRIVE

City State Zip Code  
READING PA 19606

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KOZLOFF STOUTD, P.C. ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7594**

Amount of Each Receipt this Period

**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 20 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN J MASANO**

Mailing Address 815 LANCASTER AVE.  
P.O. BOX 590

City READING State PA Zip Code 19607

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

Name of Employer CAR DEALERSHIPS/MASANO Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.7554**

Amount of Each Receipt this Period  
1100.00

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH MCFALLS**

Mailing Address 2031 CHANCELLOR STREET

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer BLANK ROME LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11AI.7551**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**DENNIS MCGONIGLE**

Mailing Address 1220 TULLAMORE CIRCLE

City CHESTER SPRINGS State PA Zip Code 19425

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

Name of Employer SEI INVESTMENTS Occupation FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.7626**

Amount of Each Receipt this Period  
500.00

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

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

1850.00

**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 21 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. FRANCIS MCGOWEN**

Mailing Address 117 JAFFREY ROAD

City MALVERN State PA Zip Code 19355

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

Name of Employer CAR SENSE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.7555**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN MCNAMARA**

Mailing Address 306 BIDDLE DRIVE

City EXTON State PA Zip Code 19341

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7534**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**FREDERICK R. MOGEL**

Mailing Address 1545 GIRARD AVE

City WYOMISSING State PA Zip Code 19610

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

Name of Employer MOGEL, SPEIDEL, BOBB & KERSHNER Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7600**

Amount of Each Receipt this Period  
1100.00

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

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

2150.00

**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 22 OF 54

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

**A.** Full Name (Last, First, Middle Initial)  
**DONALD MOLL, JR.**

Mailing Address 306 WELLINGTON AVENUE

City State Zip Code  
 READING PA 19609

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

Name of Employer Occupation  
 B&G GLASS SERVICE, INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 13 2014

**Transaction ID : SA11AI.7549**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**TED MONDZELEWSKI**

Mailing Address 655 MARTIN DRIVE

City State Zip Code  
 AVONDALE PA 19311

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

Name of Employer Occupation  
 ARCHITECTURAL CONCEPTS, P.C. ARCHITECTURAL RENDERING ARTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 09 2014

**Transaction ID : SA11AI.7726**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD M. PALMER**

Mailing Address 9 QUAIL RIDGE DRIVE

City State Zip Code  
 READING PA 19607

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

Name of Employer Occupation  
 R M PALMER CO OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 10 2014

**Transaction ID : SA11AI.7613**

Amount of Each Receipt this Period  
 1100.00

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

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

2100.00

**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 23 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAKX (DOC) PARGHI**

Mailing Address 2101 MARKET STREET UNIT 1201

City PHILADELPIA State PA Zip Code 19103

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

Name of Employer SRI CAPITAL Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.7632**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT J. PHILLIPS**

Mailing Address 832 CHESTNUT STREET

City LEBANON State PA Zip Code 17042

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

Name of Employer STATE FARM INSURANCE Occupation INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11AI.7669**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**STEPHANIE RAWDEN**

Mailing Address 1635 OLD WYOMISSING ROAD

City WYOMISSING State PA Zip Code 19610

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

Name of Employer RAWDEN JOINT VENTURES CORP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.7615**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 24 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BETH RENEHAN**

Mailing Address 26 LONG LANE

City MALVERN State PA Zip Code 19355

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

Name of Employer HAAS GROUP INTERNATIONAL Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11A1.7581**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**DANIELLE R. RODICHOK**

Mailing Address 338 OLD BAILEY LANE

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer HAAS GROUP INTERNATIONAL Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11A1.7574**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**A. JOSEPH RUBINO**

Mailing Address 22 MILL LANE

City MALVERN State PA Zip Code 19355

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

Name of Employer KNICKERBOCKER LANDS LLC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11A1.7592**

Amount of Each Receipt this Period  
500.00

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

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

1250.00



**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 25 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LAURA SANDER**

Mailing Address **2662 PRIMROSE COURT**

City **CHESTER SPRINGS** State **PA** Zip Code **19425**

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

Name of Employer **MCDONALD'S** Occupation **FRANCHISE OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : SA11AI.7598**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. WHITNEY A SANDERS**

Mailing Address **408 WESTBURY DRIVE**

City **WYOMISSING** State **PA** Zip Code **19610**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11AI.7620**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM R SASSO**

Mailing Address **2005 MARKET STREET  
SUITE 2600**

City **PHILADELPHIA** State **PA** Zip Code **19103**

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

Name of Employer **STRADLEY RONON STEVENS & YOUNG** Occupation **CHAIRMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 04 / 2014**

**Transaction ID : SA11AI.7671**

Amount of Each Receipt this Period  
**2500.00**  
**STRADLEY RONON STEVENS & YOUNG, LLP**  
**[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 26 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD SATELL**

Mailing Address 370 TECHNOLOGY DRIVE

City State Zip Code  
MALVERN PA 19355

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

Name of Employer Occupation  
PROGRESSIVE PUBLICATIONS CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 15 2014

**Transaction ID : SA11AI.7609**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**SAUL EWING LLP**

Mailing Address 1500 MARKET STREET, 38TH FLOOR

City State Zip Code  
PHILADELPHIA PA 19102-2186

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 04 2014

**Transaction ID : SA11AI.7673**

Amount of Each Receipt this Period  
1000.00

PERMISSIBLE FUNDS: SEE MEMOS

**C.** Full Name (Last, First, Middle Initial)  
**BARRY L. SCHLOUCH**

Mailing Address 35 TIMBERLINE DRIVE

City State Zip Code  
WYOMISSING PA 19610

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

Name of Employer Occupation  
SCHLOUCH INC. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 15 2014

**Transaction ID : SA11AI.7624**

Amount of Each Receipt this Period  
1600.00

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

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

5100.00

**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 27 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. CAROLYN SEIDLE**

Mailing Address **20 STURBRIDGE LANE**

City **WAYNE** State **PA** Zip Code **19087**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11AI.7619**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**TARA L. SEMISCH**

Mailing Address **15 PINEHURST CT.**

City **PHOENIXVILLE** State **PA** Zip Code **19460**

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

Name of Employer **NOVO NORDISK INC** Occupation **EVENT MANAGEMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : SA11AI.7711**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**ALAN SHUMAN**

Mailing Address **50 NORTH 5TH STREET**

City **READING** State **PA** Zip Code **19601**

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

Name of Employer **SHUMAN DEVELOPMENT GROUP** Occupation **REAL ESTATE EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11AI.7628**

Amount of Each Receipt this Period  
**1100.00**

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

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

**2100.00**

**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 28 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GARY SILVI</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1100 BRYNLAWN ROAD		<b>Transaction ID : SA11AI.7637</b>
City VILLANOVA	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer VESPER PROPERTY GROUP	Occupation REAL ESTATE EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN M. SIMKISS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 320 BOOT ROAD		<b>Transaction ID : SA11AI.7540</b>
City MALVERN	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH S. SOLOMON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 70 PALMERS MILL ROAD		<b>Transaction ID : SA11AI.7543</b>
City MEDIA	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PROVIDENT ENERGY CONSULTING, LLC	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1950.00
<b>TOTAL</b> 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 29 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN K. SPITZER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 105 LEADLINE LANE		<b>Transaction ID : SA11AI.7578</b>	
City WEST CHESTER	State PA	Zip Code 19382	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HAAS GROUP INTERNATIONAL	Occupation VP, OPERATIONS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. MARIO A SPOTO DC</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 305 E LANCASTER AVE		<b>Transaction ID : SA11AI.7713</b>	
City DOWNINGTOWN	State PA	Zip Code 19335	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer DOWNINGTOWN CHIRO	Occupation CHIROPRACTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. STRADLEY RONON STEVENS &amp; YOUNG, LLP</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2014	
Mailing Address 2005 MARKET ST SUITE 2600		<b>Transaction ID : SA11AI.7670</b>	
City PHILADELPHIA	State PA	Zip Code 19103	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 30 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE STRAWBRIDGE JR.**

Mailing Address 3801 KENNETT PIKE  
B100

City State Zip Code  
WILMINGTON DE 19807

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.7715**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MARK STROBECK**

Mailing Address 328 MIDLAND AVE

City State Zip Code  
WAYNE PA 19087

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

Name of Employer Occupation  
EUALET CORP CHIEF BUSINESS OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11AI.7568**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**LEE J. SULLIVAN**

Mailing Address 31 BIRCHRUN TERRACE

City State Zip Code  
CHESTER SPRINGS PA 19425

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

Name of Employer Occupation  
HAAS GROUP INTERNATIONAL REGIONAL VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11AI.7580**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT S WALKER**

Mailing Address 609 WILLOW GRN

City State Zip Code  
LITITZ PA 17543

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

Name of Employer Occupation  
WEXLER WALKER EXEC. CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7717**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN D WANNER**

Mailing Address 908 NORTH 2ND STREET

City State Zip Code  
HARRISBURG PA 17102

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

Name of Employer Occupation  
WANNER ASSOCIATES MANAGER/LOBBYIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11AI.7719**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT A WERT**

Mailing Address 21 STARR ROAD

City State Zip Code  
SINKING SPRING PA 19608

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

Name of Employer Occupation  
WELLS FARGO FINANCIAL ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7721**

Amount of Each Receipt this Period  
1100.00

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

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

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE A. WEST**

Mailing Address **616 RESERVOIR ROAD**

City **WEST CHESTER** State **PA** Zip Code **19380**

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

Name of Employer **MANITO** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**10 / 14 / 2014**

**Transaction ID : SA11AI.7722**

Amount of Each Receipt this Period  
**500.00**

**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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

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

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

**500.00**

**67350.00**



**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 33 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
A. Mailing Address 222 SOUTH PROSPECT AVE C/O FINANCE DEPARTMENT		Transaction ID : SA11C.7641
City PARK RIDGE	State IL	
FEC ID number of contributing federal political committee. C C00173153		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) AMERICAN BAKERS ASSOCIATION AMERICAN BAKERS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014
B. Mailing Address 1300 I STREET NW SUITE 700 WEST		Transaction ID : SA11C.7642
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00016386		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) AMERICAN CHIROPRACTIC ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014
C. Mailing Address 1701 CLARENDON BLVD		Transaction ID : SA11C.7644
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C C00102764		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 34 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

A. Mailing Address 2300 WILSON BLVD.  
SUITE 300

City State Zip Code  
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : SA11C.7646

Amount of Each Receipt this Period  
 2000.00

B. Full Name (Last, First, Middle Initial)  
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET  
SUITE 225

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

Transaction ID : SA11C.7648

Amount of Each Receipt this Period  
 5000.00

C. Full Name (Last, First, Middle Initial)  
CVS/CAREMARK CORPORATION EMPLOYEES PAC

Mailing Address 1300 EYE STREET, NW  
SUITE 525W

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

Transaction ID : SA11C.7650

Amount of Each Receipt this Period  
 1000.00

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

8000.00

**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: (check only one)	PAGE 35 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DENT PAC**

Mailing Address **610 S. BOULEVARD**

City **TAMPA** State **FL** Zip Code **33606**

FEC ID number of contributing federal political committee. **C C00427930**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11C.7651**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address **1101 NEW YORK AVENUE, NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11C.7652**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**KEEPING AMERICA ROLLING PAC**

Mailing Address **PO BOX 185**

City **HARRISBURG** State **PA** Zip Code **17101**

FEC ID number of contributing federal political committee. **C C00524603**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11C.7654**

Amount of Each Receipt this Period  
**2000.00**

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

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

**8000.00**

**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 36 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC**

Mailing Address 1801 K STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11C.7656**

Amount of Each Receipt this Period  
2100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00563726

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11C.7658**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)**

Mailing Address 9110 EAST NICHOLS AVENUE

City State Zip Code  
CENTENNIAL CO 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11C.7660**

Amount of Each Receipt this Period  
1100.00

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

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

4200.00

**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 37 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ROOFING CONTRACTORS ASSOCIATION ROOF PAC**

Mailing Address 324 FOURTH STREET NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00244863**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11C.7662**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA**

Mailing Address 112 STATE STREET

City HARRISBURG State PA Zip Code 17101

FEC ID number of contributing federal political committee. **C C00044842**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11C.7664**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**SIEMENS CORPORATION PAC**

Mailing Address 300 NEW JERSEY AVENUE, NW  
SUITE 1000

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00353797**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11C.7666**

Amount of Each Receipt this Period  
 2000.00

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

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

8000.00

**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 38 OF 54
	<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)  
**RYAN COSTELLO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SUPPORTING CONSERVATIVES OF TODAY AND TOMORROW (SCOTT PAC)**

Mailing Address PO BOX 905

City State Zip Code  
NEWTON NJ 07860

FEC ID number of contributing federal political committee. **C** C00453324

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11C.7668**

Amount of Each Receipt this Period  
1000.00

**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

**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

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

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

1000.00

32200.00

**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 39 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 121 N. WALNUT ASSOCIATES, LP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 55 COUNTRY CLUB DR SUITE 200		Amount of Each Disbursement this Period 2000.00
City DOWNINGTON	State PA Zip Code 19335	
Purpose of Disbursement RENT & UTILITIES	Candidate Name	Transaction ID : SB17.7473
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 13.00
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement REMLEY: TRAVEL: RAIL	Candidate Name	Transaction ID : SB17.7517
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 50.00
City DALLAS	State TX Zip Code 75202	
Purpose of Disbursement HIBBS: MOBILE PHONE EXPENSE	Candidate Name	Transaction ID : SB17.7727
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<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 40 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ROBERT BOLLAND</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 620 THORNCROFT DRIVE		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.7521</b>
City WEST CHESTER	State PA Zip Code 19380	
Purpose of Disbursement IN-KIND: PAYROLL SERVICES/TAXES	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN GRID</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 414 COMMERCE DRIVE SUITE 100		Amount of Each Disbursement this Period 40000.00 <b>Transaction ID : SB17.7474</b>
City FORT WASHIGTON	State PA Zip Code 19034	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MATT CATANIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 154 DAVENPORT RD		Amount of Each Disbursement this Period 442.21 <b>Transaction ID : SB17.7460</b>
City KENNETT SQUARE	State PA Zip Code 19348	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40642.21
<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 41 OF 54		
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 701 JOHN F KENNEDY BLVD		Amount of Each Disbursement this Period 287.26
City PHILADELPHIA	State PA	
Zip Code 19103	Purpose of Disbursement BROADBAND SERVICES	Transaction ID : SB17.7493
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. COMMONWEALTH OF PENNSYLVANIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 400 NORTH STREET 4TH FLOOR		Amount of Each Disbursement this Period 450.78
City HARRISBURG	State PA	
Zip Code 17120	Purpose of Disbursement TAXES	Transaction ID : SB17.7500
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EZ PASS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 625 NORTH ORANGE ST		Amount of Each Disbursement this Period 9.27
City WILMINGTON	State DE	
Zip Code 19801	Purpose of Disbursement TOWEY: TRAVEL: TOLLS	Transaction ID : SB17.7515
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	738.04
<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 42 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FLS CONNECT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 7300 HUDSON BLVD. STE 270		Amount of Each Disbursement this Period 2340.83
City ST. PAUL	State MN	
Zip Code 55128	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	Transaction ID : SB17.7475
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FOUR SEASONS HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1 LOGAN SQUARE		Amount of Each Disbursement this Period 23.00
City PHILADELPHIA	State PA	
Zip Code 19103	Purpose of Disbursement TOWEY: TRAVEL: PARKING	Transaction ID : SB17.7513
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. WILLIAM HIBBS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1420 CAMBRIDGE DR		Amount of Each Disbursement this Period 200.44
City NORTH WALES	State PA	
Zip Code 19454	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.7468
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2541.27
<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 43 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM HIBBS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1420 CAMBRIDGE DR		Amount of Each Disbursement this Period 970.77 <b>Transaction ID : SB17.7469</b>
City NORTH WALES State PA Zip Code 19454	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM HIBBS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1420 CAMBRIDGE DR		Amount of Each Disbursement this Period 313.04 <b>Transaction ID : SB17.7729</b>
City NORTH WALES State PA Zip Code 19454	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. IMPACT STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 431 DOE RUN LANE		Amount of Each Disbursement this Period 2750.00 <b>Transaction ID : SB17.7476</b>
City SPRINGFIELD State PA Zip Code 19064	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4033.81
<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 44 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. IMPARK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 100 CHESTNUT ST		Amount of Each Disbursement this Period 80.00
City WEST CHESTER	State PA Zip Code 19380	
Purpose of Disbursement HIBBS: TRAVEL: PARKING	Candidate Name	Transaction ID : SB17.7736
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. INTERNAL REVENUE SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 111 CONSTITUTION AVENUE, NW		Amount of Each Disbursement this Period 4349.24
City WASHINGTON	State DC Zip Code 20024	
Purpose of Disbursement TAXES	Candidate Name	Transaction ID : SB17.7501
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. KEYSTONE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 546 WENDEL ROAD		Amount of Each Disbursement this Period 714.38
City IRWIN	State PA Zip Code 15642	
Purpose of Disbursement TAXES	Candidate Name	Transaction ID : SB17.7477
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5063.62
<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 45 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MERCURY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 250 GREENWICH ST 36TH FLOOR		Amount of Each Disbursement this Period 6007.75
City NEW YORK	State NY Zip Code 10007	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	Transaction ID : SB17.7478
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 130.80
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	Transaction ID : SB17.7471
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 255.40
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	Transaction ID : SB17.7472
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6393.95
<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 46 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 1.65 <b>Transaction ID : SB17.7479</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 1.65 <b>Transaction ID : SB17.7480</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 3.30 <b>Transaction ID : SB17.7481</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6.60
<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 47 OF 54			
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 13.85 <b>Transaction ID : SB17.7482</b>
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 13.85 <b>Transaction ID : SB17.7483</b>
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 13.85 <b>Transaction ID : SB17.7484</b>
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	41.55
<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 48 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.7485</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 529.20 <b>Transaction ID : SB17.7499</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RENNICK REMELY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 1326.50 <b>Transaction ID : SB17.7467</b>
City PITTSBURGH State PA Zip Code 15203	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4255.70
<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 49 OF 54		
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 500 STAPLES DRIVE		Amount of Each Disbursement this Period 34.97
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.7470
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 500 STAPLES DRIVE		Amount of Each Disbursement this Period 66.77
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.7486
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STRATEGIC MEDIA PLACEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 7669 STEGERS LOOP		Amount of Each Disbursement this Period 275000.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.7491
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	275101.74
<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 50 OF 54			
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE CHADWICK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 2750 EGYPT RD		Amount of Each Disbursement this Period 36.37
City AUDUBON	State PA	
Zip Code 19403	Purpose of Disbursement HIBBS: FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.7734
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE STRATEGY GROUP FOR MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 900.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	Transaction ID : SB17.7487
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE STRATEGY GROUP FOR MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 2000.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	Transaction ID : SB17.7488
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2900.00
<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 51 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PETER TOWEY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 86 CONESTOGA ROAD			Amount of Each Disbursement this Period 32.27	
City DEVON	State PA	Zip Code 19333	Transaction ID : SB17.7461	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PETER TOWEY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 86 CONESTOGA ROAD			Amount of Each Disbursement this Period 137.76	
City DEVON	State PA	Zip Code 19333	Transaction ID : SB17.7462	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PETER TOWEY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 86 CONESTOGA ROAD			Amount of Each Disbursement this Period 2564.45	
City DEVON	State PA	Zip Code 19333	Transaction ID : SB17.7463	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2734.48
<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 52 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1455 MARKET ST		Amount of Each Disbursement this Period 80.00
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement REMLEY: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.7511
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 245.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.7492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 532.24
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.7494
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	777.24
<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 53 OF 54		
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 490.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement TAXES	
Candidate Name	Category/Type	Transaction ID : SB17.7502
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 270 INDIAN RUN ST		Amount of Each Disbursement this Period 34.07
City EXTON State PA Zip Code 19341	Purpose of Disbursement HIBBS: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.7730 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.00
<b>TOTAL</b> This Period (last page this line number only).....	347720.21

# 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 54 OF 54	
	<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)  
**RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>112 STATE STREET</b>			Amount of Each Disbursement this Period <b>25000.00</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17101</b>	
Purpose of Disbursement <b>UNLIMITED CANDIDATE TRANSFER</b>		Category/ Type	<b>Transaction ID : SB21.7522</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
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)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
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)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>25000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>25000.00</b>