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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. RYAN COSTELLO FOR CONGRESS PO Box 3154 ADDRESS (number and street) (Check if address is changed) West Chester 19381-3154 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS linda.r.dexter@gmail.com (Check if address is changed) Optional Second E-Mail Address |dextercampaigns@gmail.com| COMMITTEE'S WEB PAGE ADDRESS (URL) www.ryancostelloforcongress.com (Check if address is changed) DATE 2017 C00554899 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. DEXTER, LINDA, R,, Type or Print Name of Treasurer DEXTER, LINDA, R,, [Electronically Filed] 12 28 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FF0 =	4 (7)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	ne of didate	Costello, Ryan A, , ,	
	didate y Affiliati	on REP Office Sought: * House Senate President	State PA District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	ıt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Γ			
FEC Form 1 (Revised 0	02/2009)		Page 3
Write or Type Committee Name			
RYAN COSTEL	LO FOR CONGRE	SS	
6. Name of Any Connected O	Organization, Affiliated Committee, Jo	int Fundraising Representati	ve, or Leadership PAC Sponsor
Curbelo/Costello Lead	ership Çommittee		
	<u> </u>		<u> </u>
Mailing Address	824 S Milledge Ave		
Mailing Address	Ste 101		
	Athens	GA	30605-1332
	0.77		710 0005
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	✗ Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number	optional) and position of the	e person in possession of committee
DEXTER, I	LINDA, R, ,		
	PO Box 72		
Mailing Address			
	Uwchland	, , PA	, 19480-0072
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	484 - 437 - 3327
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) onesistant treasurer).	of the treasurer of the committ	ee; and the name and address of
Full Name DEXTER, L	LINDA, R, ,		
Mailing Address	PO Box 72		
	Uwchland	PA	19480-0072
Title or Position	Uwchland	STATE	19480-0072 ZIP CODE

FEC Form 1 (Re	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other Depos safety deposit boxes or	r maintains funds.	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit BB8 Mailing Address	r maintains funds. itory, etc.	6 1
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. &T 1909 K Street NW	ZIP CODE
safety deposit boxes or Name of Bank, Deposit	washington CITY Table 1909 K Street NW CITY STATE	
Safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	washington CITY Table 1909 K Street NW CITY STATE	ZIP CODE

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_				
5(g)	or(h). Joint Fundraisin	g Participant:		
,	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Growing Republic	an Achievements And Promoting Exc	ellence-grape J	lfc
		228 S Washington St		
	Mailing Address			
		Ste 115		
		Alexandria	L VA	22314-5404
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8.	Pull Name	by name, address (phone number – optional)		
	Mailing Address	1		
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	1	
		Tele	ephone Number	
9.	safety deposit boxes or ma	ies: List all banks or other depositories in which the intains funds.	ne committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address	800 N Pottstown Pike		
		T.		
		Exton	PA PA	19341

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

Page ___ **of** _____

h). Joint Fundraisi n		FEC ID number	
		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Care America			
I			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Dalatianahin	CITY ▲	STATE ▲	ZIP CODE ▲
Relationship:			
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing and the control of the control	Affiliated Committee y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	Affiliated Committee y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which caintains funds. Bank	STATE A	ZIP CODE A

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) or (h). Joint Fundrais	ing Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA GA	30605-1332
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	tify by name, address (phone number – optional)	1 1 1 1 1 1 1	
	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposisafety deposit boxes or response to the position of the pos	CITY ▲ CITY ▲ tories: List all banks or other depositories in which the	STATE ▲ Iephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposisafety deposit boxes or response to the control of the cont	CITY ▲ CITY ▲ tories: List all banks or other depositories in which maintains funds. dian Bank	STATE ▲ Iephone Number	ZIP CODE 🛦
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposisafety deposit boxes or response to the position of the pos	CITY ▲ CITY ▲ tories: List all banks or other depositories in which maintains funds. dian Bank	STATE ▲ Iephone Number	ZIP CODE A

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or(h). Joi i	nt Fundraising	g Participa	nt:									
1.						F	EC ID r	number	С			
2.						F	EC ID r	number	С			
3.						F	EC ID r	number	С			
4						F	EC ID r	number	С			
Name of Any	y Connected (Organizatio	on, Affiliate	ed Commit	tee, Joint F	undraisir	ng Repre	sentativ	e, or Lea	adership	PAC Spo	onsor
Mailing	Address											
Relation	nship:			CITY A	_		S	STATE A		ZIP	CODE A	
	Connected	Organizatio	n Aff	iliated Comr	nittee	Joint Fun	draising F	Represent	ative	Leade	rship PAC	Sponso
_	Agent: Identify	by name,	address (p	hone numb	er – optiona	.l)						
Full Name		1					<u> </u>			1 1 1		1 1
Full Name												
Mailing A	ddress			CITY A				ATE A		ZIP (
Mailing A		▼		CITY A				ATE A		ZIP C		
Banks or Ott safety depositions. Name of Banks Depository, etc.	her Depositor t boxes or mai	ies: List all intains fund	s.		sitories in w	Teleph	ST.	ATE Anber	s funds,	holds ac		ents
Banks or Ott safety depositions. Name of Banks Depository, etc.	her Depositor t boxes or mainted by the boxes or mainted by the boxes of the boxes	ies: List all ntains fund	s.		sitories in w	Teleph	ST.	ATE A	-	holds ac		ents

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FEC ID number C State Stat	(h). Joint Fundraisir	g Participant:			
A. FEC ID number C FEC ID	1.			FEC ID number	C
A. FEC ID number C	2.			FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spot Mailing Address Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ STATE ♠ STATE ▲ ZIP CODE ▲ STATE ♠ STATE	3.			FEC ID number	C
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization	4			FEC ID number	C
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	ame of Any Connected	Organization, Affiliated Com	mittee, Joint Fundrais	ing Representative	, or Leadership PAC Spon
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —					
Connected Organization	Mailing Address				
Connected Organization					
Connected Organization					
Esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	Relationship:	CIT	Y ▲	STATE ▲	ZIP CODE ▲
Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	Connecte	d Organization Affiliated C	ommittee Joint Fu	ndraising Representa	tive Leadership PAC S
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number ———————————————————————————————————	esignated Agent: Identif			ndraising Representa	tive Leadership PAC S
TITLE OR POSITION ▼ CITY ▲ Telephone Number	esignated Agent: Identif			ndraising Representa	tive Leadership PAC S
TITLE OR POSITION CITY Telephone Number Tel	esignated Agent: Identif			ndraising Representa	Leadership PAC S
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address Telephone Number	esignated Agent: Identif			ndraising Representa	Leadership PAC S
afety deposit boxes or maintains funds. ame of Bank, Wells Fargo Bank epository, etc.	esignated Agent: Identif Full Name Mailing Address	y by name, address (phone no	umber – optional)		
Mailing Address	esignated Agent: Identif Full Name Mailing Address	y by name, address (phone no	umber – optional)	STATE A	
Bethesda	Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank, Wells	y by name, address (phone not be a continued by by name, address). CITY CITY ries: List all banks or other daintains funds.	umber – optional)	STATE A	ZIP CODE A
Bethesda	esignated Agent: Identification Full Name	y by name, address (phone not be a limited by the state of the state o	umber – optional)	STATE A	ZIP CODE A
	esignated Agent: Identification Full Name	y by name, address (phone not be a limited by the state of the state o	umber – optional)	STATE A	ZIP CODE A

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5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fur	draising Representati	ve, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Affiliated Committee Jo	nt Fundraising Represer	ntative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
9.	Banks or Other Depositors safety deposit boxes or matching Mame of Bank, Depository, etc.		h the committee depos	sits funds, holds accounts, rents
	Mailing Address	210 Font Road		
			_	
		Downingtown	PA PA	19335
1		CITY ▲	STATE ▲	ZIP CODE ▲