

# 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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

11 / 25 / 2014

through

M M /

D D /

Y Y Y Y

12 / 31 / 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 Linda Dexter

Signature of Treasurer Linda Dexter

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

01 / 30 / 2015

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**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)) ....	6800	10300
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	6800	10300
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	72895.38	94453.67
(b) Total Offsets to Operating Expenditures (from Line 14) .....	24.38	24.38
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	72871	94429.29
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	122159.99	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

**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: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1400	1700
(ii) Unitemized.....	400	600
(iii) TOTAL of contributions from individuals ▶	1800	2300
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	5000	8000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6800	10300
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	24.38	24.38
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0	0
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	6824.38	10324.38

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72895.38	94453.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	5179.36	6179.36
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	78074.74	100633.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	193410.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6824.38
25. SUBTOTAL (add Line 23 and Line 24).....	200234.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78074.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	122159.99

**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 27
	<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)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2014

**Transaction ID : A-IF693**

Amount of Each Receipt this Period  
 200

Inkind: INKIND: PAYROLL SERVICES/TAXES

**B.** 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 25 / 2014

**Transaction ID : A-IF695**

Amount of Each Receipt this Period  
 200

Inkind: INKIND: PAYROLL SERVICES/TAXES

**C.** Full Name (Last, First, Middle Initial)  
**John Morahan**

Mailing Address 3230 HARWOOD LANE

City SINKING SPRING State PA Zip Code 19608

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

Name of Employer St Joseph Regional Health Netw Occupation Ceo

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : A-CF698**

Amount of Each Receipt this Period  
 500

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

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

900.00

**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 27
	<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 Paradis**

Mailing Address **255 WEST LANCASTER AVE**

City **PAOLI** State **PA** Zip Code **19301**

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

Name of Employer **Paoli Hospital** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 18 / 2014**

**Transaction ID : A-CF700**

Amount of Each Receipt this Period  
**500**

**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).....

**500.00**

**1400.00**

**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 27
	<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)  
**EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC**

Mailing Address 2273 RESEARCH BLVD  
SUITE 400

City State Zip Code  
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C** C00380303

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : A-CF697**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : A-CF1320**

Amount of Each Receipt this Period  
2000

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAIN STREET PARTNERSHIP PAC**

Mailing Address 1220 L STREET, NW  
SUITE 100-263

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : A-CF1323**

Amount of Each Receipt this Period  
1000

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

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

4000.00

# 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 27	
<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)  
**TURKISH COALITON USA PAC (TC-USA PAC)**

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2014

**Transaction ID : A-CF1321**

Amount of Each Receipt this Period  
1000

**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 / 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 / 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

5000.00



**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 9 OF 27			
	<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. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 136 <b>Transaction ID : B-E-1326</b>
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement Other: TRAVEL: RAIL	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>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 172 <b>Transaction ID : B-E-1327</b>
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement Other: TRAVEL: RAIL	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. COMMONWEALTH OF PENNSYLVANIA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 400 NORTH STREET 4TH FLOOR		Amount of Each Disbursement this Period 221.98 <b>Transaction ID : B-E-1329</b>
City HARRISBURG	State PA	
Zip Code 17120	Purpose of Disbursement Other: TAXES	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).....	529.98
<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 10 OF 27	
	<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. Congressional Institute Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 1700 Diagonal Road		Amount of Each Disbursement this Period 5,000.00 1207
City Alexandria	State VA	
Zip Code 22314-2866	Purpose of Disbursement Other: Member Retreat	<b>Transaction ID : B-E-735</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. DILWORTHTOWN INN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1390 OLD WILMINGTON PIKE		Amount of Each Disbursement this Period 295
City WEST CHESTER	State PA	
Zip Code 19382	Purpose of Disbursement Other: Election Night Exp	<b>Transaction ID : B-E-1330</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. DILWORTHTOWN INN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 1390 OLD WILMINGTON PIKE		Amount of Each Disbursement this Period 4223.46
City WEST CHESTER	State PA	
Zip Code 19382	Purpose of Disbursement Other: Committee Dinner	<b>Transaction ID : B-E-1331</b>
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).....	5725.46
<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 11 OF 27	
	<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. IMPACT STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 431 DOE RUN LANE		Amount of Each Disbursement this Period 2750 <b>Transaction ID : B-E-1333</b>
City SPRINGFIELD	State PA	
Zip Code 19064	Purpose of Disbursement Other: COMMUNICATIONS CONSULTING	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>B. INTERNAL REVENUE SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 111 CONSTITUTION AVENUE, NW		Amount of Each Disbursement this Period 2157.6 <b>Transaction ID : B-E-1334</b>
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement Other: TAXES	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. JIVE COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 1275 WEST 1600 NORTH SUITE 102		Amount of Each Disbursement this Period 162.02 <b>Transaction ID : B-E-1335</b>
City OREM	State UT	
Zip Code 94057	Purpose of Disbursement Other: DIGITAL CONSULTING	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).....	5069.62
<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 12 OF 27	
	<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 12 / 15 / 2014
Mailing Address 250 GREENWICH ST 36TH FLOOR		Amount of Each Disbursement this Period 462.6
City NEW YORK State NY Zip Code 10007	Purpose of Disbursement Other: STRATEGY CONSULTING	
Candidate Name		Transaction ID : B-E-1341
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. MERCURY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 250 GREENWICH ST 36TH FLOOR		Amount of Each Disbursement this Period 6394.64
City NEW YORK State NY Zip Code 10007	Purpose of Disbursement Other: STRATEGY CONSULTING	
Candidate Name		Transaction ID : B-E-1342
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MERCURY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 250 GREENWICH ST 36TH FLOOR		Amount of Each Disbursement this Period 15000
City NEW YORK State NY Zip Code 10007	Purpose of Disbursement Other: STRATEGY CONSULTING	
Candidate Name		Transaction ID : B-E-1343
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21857.24
<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 13 OF 27			
	<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 12 / 15 / 2014
Mailing Address 500 Cummings Center Suite 4400		Amount of Each Disbursement this Period 2400 <b>Transaction ID : B-E-743</b>
City Beverly State MA Zip Code 01915-6518	Purpose of Disbursement Other: COMPLIANCE CONSULTING	
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:		

Full Name (Last, First, Middle Initial) <b>B. THE DESMOND HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 660 ALBANY SHAKER RD		Amount of Each Disbursement this Period 150 <b>Transaction ID : B-E-754</b>
City ALBANY State NY Zip Code 12211	Purpose of Disbursement Other: TRAVEL: LODGING	
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:		

Full Name (Last, First, Middle Initial) <b>C. THE DESMOND HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 660 ALBANY SHAKER RD		Amount of Each Disbursement this Period 295.2 <b>Transaction ID : B-E-755</b>
City ALBANY State NY Zip Code 12211	Purpose of Disbursement Other: Fundraising Breakfast	
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).....	2845.20
<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 14 OF 27	
	<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 THEODORE COMPANY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO BOX 320412		Amount of Each Disbursement this Period 953.02
City ALEXANDRIA	State VA	
Zip Code 22320	Purpose of Disbursement Other: Reimburse Fundraising Exp	Transaction ID : B-E-758
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:		

Full Name (Last, First, Middle Initial) <b>B. THE THEODORE COMPANY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO BOX 320412		Amount of Each Disbursement this Period 1000
City ALEXANDRIA	State VA	
Zip Code 22320	Purpose of Disbursement Other: FUNDRAISING CONSULTING	Transaction ID : B-E-759
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:		

Full Name (Last, First, Middle Initial) <b>C. U-HAUL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 564 LANCASTER PIKE		Amount of Each Disbursement this Period 255
City MALVERN	State PA	
Zip Code 19355	Purpose of Disbursement Other: MOVING EXPENSES	Transaction ID : B-E-493
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).....	2208.02
<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 15 OF 27			
	<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. U-HAUL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 564 LANCASTER PIKE		Amount of Each Disbursement this Period 42.4
City MALVERN State PA Zip Code 19355	Purpose of Disbursement Other: MOVING EXPENSES	
Candidate Name	Category/Type	Transaction ID : B-E-494
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>B. U-HAUL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 564 LANCASTER PIKE		Amount of Each Disbursement this Period 64.44
City MALVERN State PA Zip Code 19355	Purpose of Disbursement Other: MOVING EXPENSES	
Candidate Name	Category/Type	Transaction ID : B-E-495
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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 980
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement Other: POSTAGE	
Candidate Name	Category/Type	Transaction ID : B-E-497
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).....	1086.84
<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 16 OF 27			
	<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
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 12 / 02 / 2014
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement Other: POSTAGE	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		9.8
Office Sought:	Disbursement For:	<b>Transaction ID : B-E-498</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 12 / 08 / 2014
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement Other: POSTAGE	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		1470
Office Sought:	Disbursement For:	<b>Transaction ID : B-E-499</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 12 / 30 / 2014
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement Other: POSTAGE	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		92
Office Sought:	Disbursement For:	<b>Transaction ID : B-E-500</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1571.80
<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 17 OF 27	
	<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 11 / 25 / 2014
Mailing Address 620 THORNCROFT DRIVE		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-I-693</b>
City WEST CHESTER State PA Zip Code 19380	Purpose of Disbursement Inkind: INKIND: PAYROLL SERVICES/TAXES	
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:		

Full Name (Last, First, Middle Initial) <b>B. Robert Bolland</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2014
Mailing Address 620 THORNCROFT DRIVE		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-I-695</b>
City WEST CHESTER State PA Zip Code 19380	Purpose of Disbursement Inkind: INKIND: PAYROLL SERVICES/TAXES	
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:		

Full Name (Last, First, Middle Initial) <b>c. Matt Catania</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 154 DAVENPORT RD		Amount of Each Disbursement this Period 50.78 <b>Transaction ID : B-E-1340</b>
City KENNETT SQUARE State PA Zip Code 19348	Purpose of Disbursement Other: PAYROLL	
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).....	450.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 27	
	<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. Maria Diesel</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address 1533 JOHNNYS WAY			Amount of Each Disbursement this Period 188	
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID : B-E-1338	
Purpose of Disbursement Other: FUNDRAISING CONSULTING		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>B. Maria Diesel</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address 1533 JOHNNYS WAY			Amount of Each Disbursement this Period 10035	
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID : B-E-1339	
Purpose of Disbursement Other: FUNDRAISING CONSULTING		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. William Hibbs</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014	
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 50	
City NORTH WALES	State PA	Zip Code 19454	Transaction ID : B-E-502	
Purpose of Disbursement Other: REIMBURSEMENTS: SEE MEMO ENTRIES		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).....	10273.00
<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 19 OF 27			
	<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 12 / 01 / 2014
Mailing Address 1420 CAMBRIDGE DR		Amount of Each Disbursement this Period 62.16
City NORTH WALES State PA Zip Code 19454	Purpose of Disbursement Other: TRAVEL: MILEAGE	
Candidate Name	Category/Type	<b>Transaction ID : B-E-503</b>
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>B. William Hibbs</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1420 CAMBRIDGE DR		Amount of Each Disbursement this Period 970.77
City NORTH WALES State PA Zip Code 19454	Purpose of Disbursement Other: PAYROLL	
Candidate Name	Category/Type	<b>Transaction ID : B-E-504</b>
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. William Hibbs</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1420 CAMBRIDGE DR		Amount of Each Disbursement this Period 2131.54
City NORTH WALES State PA Zip Code 19454	Purpose of Disbursement Other: PAYROLL	
Candidate Name	Category/Type	<b>Transaction ID : B-E-505</b>
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).....	3164.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<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. Rennick Remley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 21.55 <b>Transaction ID : B-E-744</b>
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement Other: REIMBURSEMENTS: SEE MEMO ENTRIES	Original vendors exceeding reporting threshold itemized as memo transactions.
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:		

Full Name (Last, First, Middle Initial) <b>B. Rennick Remley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 1326.5 <b>Transaction ID : B-E-745</b>
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement Other: PAYROLL	
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:		

Full Name (Last, First, Middle Initial) <b>c. Rennick Remley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 3893.36 <b>Transaction ID : B-E-746</b>
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement Other: PAYROLL	
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).....	5241.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<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. Rennick Remley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 54.99
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement Other: TRAVEL: MILEAGE	<b>Transaction ID : B-E-747</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Rennick Remley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 110.85
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement Other: REIMBURSEMENTS: SEE MEMO ENTRIES	<b>Transaction ID : B-E-748</b>
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SPRINT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO BOX 4191		Amount of Each Disbursement this Period 110.85
City CAROL STREAM	State IL	
Zip Code 60197	Purpose of Disbursement Mobile Phone Expense	<b>Transaction ID : B-S-2364</b>
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)	<b>[MEMO ITEM]</b> Subitemization of Rennick Remley(12/15/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27			
	<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. Rennick Remley</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 119 1/2 S 18TH STREET			Amount of Each Disbursement this Period 1326.5 <b>Transaction ID : B-E-749</b>
City PITTSBURGH	State PA	Zip Code 15203	
Purpose of Disbursement Other: PAYROLL		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:	

Full Name (Last, First, Middle Initial) <b>B. Rennick Remley</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 119 1/2 S 18TH STREET			Amount of Each Disbursement this Period 1702.98 <b>Transaction ID : B-E-750</b>
City PITTSBURGH	State PA	Zip Code 15203	
Purpose of Disbursement Other: PAYROLL		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:	

Full Name (Last, First, Middle Initial) <b>c. Peter Towey</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 86 CONESTOGA ROAD			Amount of Each Disbursement this Period 78.4 <b>Transaction ID : B-E-736</b>
City DEVON	State PA	Zip Code 19333	
Purpose of Disbursement Other: TRAVEL: MILEAGE		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).....	3107.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<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 12 / 01 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 384.37
City DEVON	State PA	
Zip Code 19333	Purpose of Disbursement Other: REIMBURSEMENTS: SEE MEMO ENTRIES	<b>Transaction ID : B-E-737</b>
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KEYSTONE HEALTH PLAN EAST</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 11855		Amount of Each Disbursement this Period 227.27
City Newark	State NJ	
Zip Code 07101-0019	Purpose of Disbursement Insurance	<b>Transaction ID : B-S-2362</b>
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)	<b>[MEMO ITEM]</b> Subitemization of Peter Towey(12/01/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO BOX 11328		Amount of Each Disbursement this Period 118
City ST. PETERSBURG	State FL	
Zip Code 33733	Purpose of Disbursement Mobile Phone Expense	<b>Transaction ID : B-S-2363</b>
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)	<b>[MEMO ITEM]</b> Subitemization of Peter Towey(12/01/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	384.37
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<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 12 / 01 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 2564.45 <b>Transaction ID : B-E-738</b>
City DEVON	State PA	
Purpose of Disbursement Other: PAYROLL		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>B. Peter Towey</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 5670.41 <b>Transaction ID : B-E-739</b>
City DEVON	State PA	
Purpose of Disbursement Other: PAYROLL		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. Peter Towey</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 2564.45 <b>Transaction ID : B-E-740</b>
City DEVON	State PA	
Purpose of Disbursement Other: PAYROLL		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).....	10799.31
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<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 12 / 31 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 2564.45
City DEVON State PA Zip Code 19333	Purpose of Disbursement Other: PAYROLL	
Candidate Name	Category/Type	<b>Transaction ID : B-E-741</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2564.45
<b>TOTAL</b> This Period (last page this line number only).....	77045.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 27	
	<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 COMMITTEE OF CHESTER COUNTY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 15 S. CHURCH STREET			Amount of Each Disbursement this Period 579.36 <b>Transaction ID : B-E-751</b>
City WEST CHESTER	State PA	Zip Code 19382	
Purpose of Disbursement Political Contribution: Contribution		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 112 STATE STREET			Amount of Each Disbursement this Period 2600 <b>Transaction ID : B-E-1325</b>
City HARRISBURG	State PA	Zip Code 17101	
Purpose of Disbursement Political Contribution: Contribution		Category/ Type 011	
Candidate Name REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SHARE THE WARMTH</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 211 NORTH WALNUT STREET			Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-752</b>
City WEST CHESTER	State PA	Zip Code 19380	
Purpose of Disbursement Charitable Donation: Charity		Category/ Type 012	
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).....	4179.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 27	
	<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. TOOMEY PROSPERITY FUND</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 1760 MARKET ST SUITE 1205		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-515</b>
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/Type 011	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	5179.36