Image# 14941217286 PAGE 1/2

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

					<u></u>	
1. NAME OF COMMITTEE IN FULL RYAN COSTELLO FOR C	CONG	RESS				
ADDRESS (number and street) PO BOX 3154					-	
CITY, STATE, and ZIP CODE					-	
WEST CHESTER			PA 1938	81		
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
RYAN A COSTELLO			House	PA 06	C00554899	
5. ISTHIS AN AMENDMENT? NO, THIS IS	A NEW FILI	NG	YES, IT AMENDS THE	NOTICE FILED ON	//////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month,	Amount
BARRY J BENTLEY			BENTLEY SYSTEM	ИS	day, year)	
004 0000/5 0040					05/15/2014	1500.00
281 GROVE ROAD			Transaction ID : F6	S 5411		
			Occupation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ELVERSON	PA	19520	DIRECTOR			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month, day, year)	Amount
PETER F GIORGI			GIORGIO FOODS,	INC	day, year)	
1635 MUSEUM RD					05/15/2014	2600.00
			Transaction ID : F6	5.5416		
			Occupation			
WYOMISSING	PA	19610	PRESIDENT			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month, day, year)	Amount
JOHN ROOD			VESTCOR		day, year)	
3030 HARTLEY ROAD					05/15/2014	2600.00
SUITE 310			Transaction ID : F6	5.5418		
		22257	Occupation			
JACKSONVILLE	FL	32257	CEO		D. (11	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer		Date (month, day, year)	Amount
SANYA ROOD			HOMEMAKER		05/45/0044	0000 00
3030 HARTLEY ROAD					05/15/2014	2600.00
SUITE 310			Transaction ID : F6	5.5419		
JACKONVILLE		32257	Occupation			
	ГЬ	32231	HOMEMAKER		Date (month,	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	OUEOTED	day, year)	Amount
W. GREG ROTHMAN			INFORMATION RE	QUESTED	05/15/2014	1000.00
1 GUNPOWDER ROAD					03/13/2014	1000.00
			Transaction ID : F6	5.5412		
MECHANICSBURGH	PA	17050	Occupation INFORMATION RE	EQUESTED		
SIGNATURE (optional)				DATE	For further in	formation contact:
SCOT R. WITHERS			05/16/2014		Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
			[Electronically Filed]			

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



Image# 14941217287 PAGE 2 / 2

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1. NAME OF COMMITTEE IN FULL RYAN COSTELLO FOR CONGRESS		7	
ADDRESS (number and street) PO BOX 3154		1	
CITY, STATE, and ZIP CODE		_	
WEST CHESTER	PA 19381	continuation	page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	UMBER
RYAN A COSTELLO	House PA 06	C00554899	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
JAMES W VAN BUREN	INFORMATION REQUESTED	day, year)	
155 STRATFORD COURT		05/15/2014	1000.00
100 OTRATI ORD COOKT	Transaction ID: F6.5417		
	Occupation		
HOLLIDAYSBURG PA 16648	INFORMATION REQUESTED		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
CULAC THE PAC OF CREDIT UNION NATIONAL		day, year)	
ASSOCIATION		05/15/2014	5000.00
601 PENNSYLVANIA AVENUE, NW			
SOUTH BUILDING, SUITE 600	Transaction ID: F6.5415		
WASHINGTON DC 20004	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND		day, year) 05/15/2014	5000.00
ONE POST STREET		05/15/2014	3000.00
34TH FLOOR	Transaction ID : F6.5414		
SAN FRANCISCO CA 94104	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE	Traine of Employer	day, year)	
1101 KING STREET		05/15/2014	5000.00
SUITE 600	Transaction ID: F6.5413		
ALEXANDRIA VA 22314	Occupation		
		Data (month	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation	-	