Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. RYAN COSTELLO FOR CONGRESS PO BOX 3154 ADDRESS (number and street) (Check if address is changed) WEST CHESTER 19381 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS LINDA.R.DEXTER@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address DEXTERCAMPAIGNS@GMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.RYANCOSTELLOFORCONGRESS.COM (Check if address is changed) DATE 09 2015 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. LINDA R DEXTER Type or Print Name of Treasurer LINDA R DEXTER [Electronically Filed] 01 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009) Page 2
	COMMITTEE ate Committee:
(a) X	
(b) Name of Candidate	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) RYAN A COSTELLO
Candidate Party Affili	Office Sought: X House Senate President District PA
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fu	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Сс	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	

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Write or Type Committee	Name	
RYAN COST	TELLO FOR CONGRESS	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
FITZPATRICK CO	2470 DANIELLS BRIDGE RD STE 121 ATHENS GA 30606	
Relationship: Con		P CODE rship PAC Sponsor
 Custodian of Records books and records. 	s: Identify by name, address (phone number optional) and position of the person in posses	ssion of committee
LIND Full Name	DA R DEXTER	
Mailing Address	PO BOX 72	
	UWCHLAND PA 19480	
Title or Position	CITY STATE ZIF	CODE
TREASURER		7 3327
. Treasurer: List the nam any designated agent (me and address (phone number optional) of the treasurer of the committee; and the name (e.g., assistant treasurer).	and address of
Full Name LIND of Treasurer	DA R DEXTER	
Mailing Address	PO BOX 72	
	UWCHLAND PA 19480	
Title or Position	CITY STATE ZIP	CODE 3327

Full Name of Designated Agent	LINDA R DEXTER	
Mailing Address	PO BOX 72	
	UWCHLAND PA 19480	ZIP CODE
Title or Position TREASURER		437 - 3327
	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, I	Depository, etc.	
	Depository, etc. DNB FIRST 12 NORTH CHURCH STREET	
Name of Bank, I	Depository, etc. DNB FIRST 12 NORTH CHURCH STREET	
Name of Bank, I	Depository, etc. DNB FIRST 12 NORTH CHURCH STREET	
Name of Bank, I	DNB FIRST 2 NORTH CHURCH STREET	ZIP CODE
Name of Bank, I	DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380	
Name of Bank, I	DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380	
Name of Bank, I	Depository, etc. DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380 CITY STATE Depository, etc. SUNTRUST BANK PO BOX 4418	
Name of Bank, I	Depository, etc. DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380 CITY STATE Depository, etc. SUNTRUST BANK PO BOX 4418	
Name of Bank, I	Depository, etc. DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380 CITY STATE Depository, etc. SUNTRUST BANK PO BOX 4418	ZIP CODE