

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.

1. NAME OF COMMITTEE IN FULL RYAN COSTELLO FOR CONGRESS			
ADDRESS (number and street) PO BOX 3154			
CITY, STATE, and ZIP CODE WEST CHESTER PA 19381			
2. NAME OF CANDIDATE RYAN A COSTELLO		3. OFFICE SOUGHT (State and District) House PA 06	
		4. FEC IDENTIFICATION NUMBER C00554899	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer SELF-EMPLOYED		Date (month, day, year) 10/31/2014	Amount 1000.00
MELISSA BROWN		Transaction ID : F6.7808	
6010 WEST MILL RD		Occupation PHYSICIAN	
FLOURTOWN PA 19031			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
HANKIN PROPERTY PARTNERSHIP		10/31/2014	2500.00
707 EAGLEVIEW BLVD		Transaction ID : F6.7806	
SUITE 400		Occupation	
EXTON PA 19341			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
ROBERT S TAYLOR		10/31/2014	1000.00
PO BOX 220		Transaction ID : F6.7799	
SOLEBURY PA 18963		Occupation CHAIRMAN & CEO	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
LISA TULLMAN		10/31/2014	2600.00
11 KYLE DRIVE		Transaction ID : F6.7803	
CHESTER SPRINGS PA 19425		Occupation HOMEMAKER	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
STEPHEN TULLMAN		10/31/2014	2600.00
11 KYLE DRIVE		Transaction ID : F6.7801	
CHESTER SPRINGS PA 19425		Occupation MANAGING PARTNER	
SIGNATURE (optional) SCOT R. WITHERS		DATE 11/01/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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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.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE ALTRIA GROUP, INC POLITICAL ACTION COMMITTEE 101 CONSTITUTION AVE, NW SUITE 400W WASHINGTON DC 20001	Name of Employer Transaction ID : F6.7794 Occupation	Date (month, day, year) 10/31/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC) 11921 FREEDOM DRIVE SUITE 1100 RESTON VA 20190	Name of Employer Transaction ID : F6.7805 Occupation	Date (month, day, year) 10/31/2014	Amount 2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND 1680 CAPITAL ONE DRIVE ATTN:12067-1600 MCLEAN VA 22102	Name of Employer Transaction ID : F6.7793 Occupation	Date (month, day, year) 10/31/2014	Amount 3000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE 101 CONSTITUTION AVE. NW SUITE 500 WEST WASHINGTON DC 20001	Name of Employer Transaction ID : F6.7795 Occupation	Date (month, day, year) 10/31/2014	Amount 2500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC 1325 MASSACHUSETTS AVE., NW WASHINGTON DC 20005	Name of Employer Transaction ID : F6.7797 Occupation	Date (month, day, year) 10/31/2014	Amount 2500.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE 1627 EYE STREET NW SUITE 900 WASHINGTON DC 20006	Name of Employer Transaction ID : F6.7796 Occupation	Date (month, day, year) 10/31/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount