PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 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 SCOT@RYANCOSTELLOFORCONGRESS.COM (Check if address is changed) Optional Second E-Mail Address COSTELLO@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.RYANCOSTELLOFORCONGRESS.COM (Check if address is changed) DATE 2014 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. SCOT R. WITHERS Type or Print Name of Treasurer SCOT R. WITHERS [Electronically Filed] 06 2014 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. FEC FORM 1

Office		For further information contact:
Use		Federal Election Commission
Only		Toll Free 800-424-9530 Local 202-694-1100

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	COMMITTEE ate 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.)	nplete the candidate
Name of Candidate	RYAN A COSTELLO	
Candidate Party Affi		State PA District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 so committee. (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.)	
Joint Fu	Indraising 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.	
(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
С	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4		

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Write or Type Committee Nan	ne	
RYAN COSTE	LLO FOR CONGRESS	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
FITZPATRICK COST	ELLO VICTORY FUND	
Mailing Address	2470 DANIELLS BRIDGE RD STE 121	
	ATHENS GA 306	
Relationship: Connect	CITY STATE ed Organization Affiliated Committee X Joint Fundraising Representative	ZIP CODE Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person i	n possession of committee
Full Name	. WITHERS	
Mailing Address	24 EAST MARKET STREET BOX 565	
	WEST CHESTER PA 193	381
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 610	- 430 - 8000
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
Full Name SCOT R. of Treasurer	. WITHERS	
Mailing Address	24 EAST MARKET STREET	
	BOX 565	
	WEST CHESTER PA 193 CITY STATE	ZIP CODE
Title or Position		

Telephone number

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Full Name of Designated Agent	BRADLEY CRATE	
Mailing Address	138 CONANT STREET	
	BEVERLY MA 01915 CITY STATE	ZIP CODE
Title or Position ASSISTANT TE		848 - 8887
Banks or Other safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hold boxes or maintains funds.	ls accounts, rents
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hold boxes or maintains funds. Depository, etc.	ls accounts, rents
safety deposit b	poxes or maintains funds.	ls accounts, rents
safety deposit b	DNB FIRST 2 NORTH CHURCH STREET	ls accounts, rents
safety deposit b Name of Bank,	DNB FIRST 2 NORTH CHURCH STREET	ls accounts, rents
safety deposit b Name of Bank,	DNB FIRST 2 NORTH CHURCH STREET	ls accounts, rents
safety deposit b Name of Bank,	DNB FIRST 2 NORTH CHURCH STREET	Is accounts, rents
safety deposit b Name of Bank, Mailing Address	DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380	
safety deposit b Name of Bank, Mailing Address	DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380	
safety deposit b Name of Bank, Mailing Address Name of Bank,	DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380 CITY STATE	
safety deposit b Name of Bank, Mailing Address	DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380 CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	DNB FIRST 2 NORTH CHURCH STREET WEST CHESTER PA 19380 CITY STATE	