

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))....	162842.00	1784029.49
(b) Total Contribution Refunds (from Line 20(d))	4300.00	9186.50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	158542.00	1774842.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	404491.41	1529463.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	404491.41	1529463.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	193410.35	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

RYAN COSTELLO FOR CONGRESS

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
54292.00	881256.11	300.00
(ii) Unitemized		
3400.00	23947.01	200.00
(iii) Total of contributions from individuals		
57692.00	905203.12	500.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
105150.00	878826.37	3000.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 96

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
162842.00	1784029.49	3500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	2088.75	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
162842.00	1786118.24	3500.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

RYAN COSTELLO FOR CONGRESS

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES			
	<input type="text" value="404491.41"/>	<input type="text" value="1529463.10"/>	<input type="text" value="21558.29"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans			
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))			
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			
	<input type="text" value="3300.00"/>	<input type="text" value="4500.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees			
	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 96

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	3686.50	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

4300.00	9186.50	0.00
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21. OTHER DISBURSEMENTS

11000.00	35000.00	1000.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

419791.41	1573649.60	22558.29
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

158542.00	1774842.99	3500.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

404491.41	1529463.10	21558.29
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	450359.76
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	162842.00
25. SUBTOTAL (add Line 23 and Line 24).....	613201.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	419791.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	193410.35

**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 96
	<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	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM E. AMES

Mailing Address **242 HINKLE ROAD**

City **ANNVILLE** State **PA** Zip Code **17003**

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

Name of Employer **LEBANON COUNTY** Occupation **COUNTY COMMISSIONER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.8062

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
BENJAMIN A. ANDERSEN

Mailing Address **32 WALNUT ST.**

City **PHOENIXVILLE** State **PA** Zip Code **19460**

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

Name of Employer **POWELL, TRACHTMAN** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.8220

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAVID M BANET

Mailing Address **652 BYERS ROAD**

City **CHESTER SPRINGS** State **PA** Zip Code **19425**

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

Name of Employer **DAVID M. BANET & ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.8042

Amount of Each Receipt this Period
500.00

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

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

850.00

**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 96
	<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)
WILLIAM J BARRETT

Mailing Address 106 WEST RIVER RD

City RUMSON State NJ Zip Code 07760

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.8086

Amount of Each Receipt this Period
 1250.00

B. Full Name (Last, First, Middle Initial)
THOMAS K BECKETT JR

Mailing Address 1494 ARGYLE ROAD

City BERWYN State PA Zip Code 19312

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

Name of Employer T.K. BECKETT ASSOCIATES, LLC Occupation PRESIDET

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.8222

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. DAVID R BREIDINGER

Mailing Address 196 HILLTOP DRIVE

City CHURCHVILLE State PA Zip Code 18966

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

Name of Employer COMCAST CORP. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period
 200.00

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

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

1700.00

**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 9 OF 96
	<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)
MELISSA BROWN

Mailing Address 6010 WEST MILL RD

City State Zip Code
FLOURTOWN PA 19031

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.8091

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CARL V. BUCK

Mailing Address 173 BRIARWOOD ROAD

City State Zip Code
MT. LAUREL NJ 08054

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

Name of Employer Occupation
BURLINGTON COUNTY SOLICITOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8229

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICK B. BURKEY

Mailing Address 1409 ALLEGHENYVILLE ROAD

City State Zip Code
MOHNTON PA 19540

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.8082

Amount of Each Receipt this Period
500.00

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

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

1750.00

**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 10 OF 96
	<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

Full Name (Last, First, Middle Initial) PETER M. CARLINO		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 825 BERKSHIRE BLVD SUITE 400		Transaction ID : SA11AI.8044	
City WYOMISSING	State PA	Zip Code 19610	Amount of Each Receipt this Period _____ 1100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer GAMING AND LEISURE PROPERTIES	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2200.00		

Full Name (Last, First, Middle Initial) VINCENT CAROSELLA		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 882 S. MATLACK STREET SUITE 101		Transaction ID : SA11AI.8034	
City WEST CHESTER	State PA	Zip Code 19382	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer CAROSELLA & ASSOCIATES, PC	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) STEWART L. COHEN		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 620 MONTGOMERY SCHOOL LN.		Transaction ID : SA11AI.8039	
City WYNNEWOOD	State PA	Zip Code 19096	Amount of Each Receipt this Period _____ 222.00
FEC ID number of contributing federal political committee.		C	
Name of Employer COHEN, PLACITELLA AND ROTH	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1555.34		

SUBTOTAL of Receipts This Page (optional).....	_____ 1422.00
TOTAL This Period (last page this line number only).....	_____

**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 11 OF 96
	<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)
CATHERINE J COLBURN

Mailing Address P.O. BOX 396
3576 WEST CHESTER PIKE

City State Zip Code
NEWTOWN SQUARE PA 19073

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

Name of Employer Occupation
CORPORATE CALL CENTER, INC VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.8203

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
THOMAS J. CORCORAN

Mailing Address 3519 SILVERSIDE ROAD
SUITE 108

City State Zip Code
WILMINGTON DE 19810

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

Name of Employer Occupation
ENTREPRENEUR CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8089

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HOWARD CRAWFORD

Mailing Address 1101 HARMONY CIR

City State Zip Code
WEST CHESTER PA 19380

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

Name of Employer Occupation
CELGENE SR. NATIONAL ACCOUNT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.8036

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 12 OF 96
	<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)
JAMES D'INNOCENZO

Mailing Address 507 ORCHARD ROAD

City LEMOYNE State PA Zip Code 17043

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

Name of Employer COMCAST Occupation DIRECTOR GOV'T AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.8231

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM O DAGGETT JR

Mailing Address 899 CASSATT RD.
C/O 400 BERWYN PARK SUITE 200

City BERWYN State PA Zip Code 19312

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

Name of Employer KELLER TIFFANY BENEFITS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.8211

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN DAVEY

Mailing Address 15 WINCREST DRIVE

City PHOENIXVILLE State PA Zip Code 19460

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

Name of Employer VELOCITEL Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11AI.8096

Amount of Each Receipt this Period
100.00

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

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

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELAINE DIMARCO

Mailing Address 317 LUCAS RD

City State Zip Code
PHOENIXVILLE PA 19460

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

Name of Employer Occupation
SIEMENS HEALTHCARE PROJECT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.8092

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
PHYLLIS A. DORAN

Mailing Address P.O. BOX 566

City State Zip Code
EXTON PA 19341

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

Name of Employer Occupation
MILLIMAN CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.8069

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES W DYER

Mailing Address 3833 WHITMAN ROAD

City State Zip Code
ANNANDALE VA 22003

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

Name of Employer Occupation
PODESTA PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.8074

Amount of Each Receipt this Period
250.00

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

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

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KELLI EMERICK

Mailing Address 708 SCARBURGH WAY

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee.

Name of Employer Occupation
121 STRATEGIES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Transaction ID : SA11AI.8030

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SCOTT EVANS

Mailing Address 298 LANDOVER RD

City State Zip Code
BRYN MAWR PA 19087

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GUARDIAN CAPITAL PARTNERS PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Transaction ID : SA11AI.8055

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PAUL FANELLI

Mailing Address 185 WICKLIFF CREEK CIRCLE

City State Zip Code
EADS TN 38028

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HAAS GROUP INTERNATIONAL SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Transaction ID : SA11AI.8224

Amount of Each Receipt this Period

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

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

**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 15 OF 96
	<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)
TONY FEATHER

Mailing Address 2720 TANGLEWOOD DRIVE

City State Zip Code
JEFFERSON CITY MO 65109

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

Name of Employer Occupation
FLS CONNECT POLITICAL CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.8043

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WILFORD H FULLER

Mailing Address 612 WINSFORD RD

City State Zip Code
BRYN MAWR PA 19010

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

Name of Employer Occupation
LINCOLN FINANCE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.8063

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOSEPH K. GALLICK

Mailing Address 205 RED TAIL CIRCLE

City State Zip Code
DOWNTOWN PA 19335

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

Name of Employer Occupation
NATIONAL LEASE SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11AI.8216

Amount of Each Receipt this Period
300.00

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

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

2300.00

**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 16 OF 96
	<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)
LAWRENCE A GOLDBERG

Mailing Address 301 W ASHBRIDGE STREET

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer GOLDBERG, MEANIX AND MUTH Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.8049

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
J JOEL GRAMLING

Mailing Address 300 PENWYLLT CT

City EXTON State PA Zip Code 19341

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8014

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DAVID A. GRETH

Mailing Address 2314 HERB ROAD

City TEMPLE State PA Zip Code 19560

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

Name of Employer STORAGEWORLD Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.8213

Amount of Each Receipt this Period
500.00

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

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

3050.00

**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 17 OF 96
	<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)
JASON D GRIGGS

Mailing Address **PO BOX 587**

City **ROYERSFORD** State **PA** Zip Code **19468**

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

Name of Employer **MAXOUT STRENGTH SYSTEMS, LLC** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2014

Transaction ID : SA11AI.8194

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
RICHARD J HANKIN

Mailing Address **707 EAGLEVIEW BLVD
SUITE 400**

City **EXTON** State **PA** Zip Code **19341**

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

Name of Employer **HANKIN PROPERTY PARTNERSHIP** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.8105

Amount of Each Receipt this Period
2500.00

HANKIN PROPERTY PARTNERSHIP

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HANKIN PROPERTY PARTNERSHIP

Mailing Address **707 EAGLEVIEW BLVD
SUITE 400**

City **EXTON** State **PA** Zip Code **19341**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.8101

Amount of Each Receipt this Period
2500.00

PERMISSIBLE FUNDS-SEE MEMO

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

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

4500.00

**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 18 OF 96
	<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)
PETER O. HAUSMANN

Mailing Address 920 PLUMSOCK RD.

City State Zip Code
NEWTOWN SQUARE PA 19073

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.8083

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRENDA HAYDT

Mailing Address 208 CLARKDALE LN

City State Zip Code
GILBERTSVILLE PA 19525

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

Name of Employer Occupation
SPRING FORD SCHOOL DISTRICT TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.8094

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PAUL JAMES HONDROS

Mailing Address 691 DARBY PAOLI ROAD

City State Zip Code
VILLANOVA PA 19085

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

Name of Employer Occupation
ALPHA ONE CAPTIAL PARTNERS PRESIDENT CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.8197

Amount of Each Receipt this Period
1000.00

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

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

2000.00

**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 19 OF 96
	<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

Full Name (Last, First, Middle Initial) A. SHARON N. HUMBLE		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 403 CHURCHILL DR		Transaction ID : SA11AI.8065	
City BERWYN	State PA	Zip Code 19312	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer LINEBARGER GOGGAN BLAIR & SAMPSON L	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. ARNOLD M KATZ		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1270 ROUND HILL RD		Transaction ID : SA11AI.8090	
City BRYN MAWR	State PA	Zip Code 19010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE DEVELOPMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. RUSSELL KEELEY JR		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 43 BUCKWALTER ROAD		Transaction ID : SA11AI.8088	
City SPRING CITY	State PA	Zip Code 19475	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 20 OF 96
	<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

Full Name (Last, First, Middle Initial) A. JEROME C. KELLER		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 626 THOMAS JEFFERSON ROAD		Transaction ID : SA11AI.8079	
City State Zip Code WAYNE PA 19087	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00		
Name of Employer Occupation RETIRED RETIRED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 400.00			

Full Name (Last, First, Middle Initial) B. HUGH KENWORTHY III		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 1015 N. PROVIDENCE ROAD		Transaction ID : SA11AI.8209	
City State Zip Code NEWTOWN SQUARE PA 19073	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00		
Name of Employer Occupation GAURDIAN CAPTIAL PARTNERS PRIVATE EQUITY	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) C. HANNAH W. KIMMEL		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 140 SUNNYHILL ROAD		Transaction ID : SA11AI.8242	
City State Zip Code EXTON PA 19341	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00		
Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 1600.00			

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	800.00

**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 21 OF 96
	<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)
MELISSA KING

Mailing Address 10 ELEANOR DRIVE

City SPRING CITY State PA Zip Code 19475

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

Name of Employer EAST COVENTRY TOWNSHIP Occupation TAX COLLECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
209.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.7982

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
LOUIS B. KUPPERMAN

Mailing Address 80 DELANCY CT

City PHOENIXVILLE State PA Zip Code 19460

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

Name of Employer OBERMAYER, REBMANN, MAXWELL & HIPPE Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.8072

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DOMINICK LABRESCO

Mailing Address 59 CONCETTA DRIVE

City SPRING CITY State PA Zip Code 19475

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.8077

Amount of Each Receipt this Period
100.00

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

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

625.00

**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 22 OF 96
	<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)
EDWARD A. LEO

Mailing Address 128 ROUNDHILL ROAD

City State Zip Code
KENNETT SQUARE PA 19348

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

Name of Employer Occupation
COUNTRY FRESH MUSHROOM CO. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.8217

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
LEWIS, ECKERT, ROBB, & CO.

Mailing Address 502 W. GERMANTOWN PIKE
SUITE 425

City State Zip Code
PLYMOUTH MEETING PA 19462

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.8102

Amount of Each Receipt this Period
1600.00

PERMISSIBLE FUNDS-SEE MEMO

C. Full Name (Last, First, Middle Initial)
LEWIS, ECKERT, ROBB, & CO.

Mailing Address 502 W. GERMANTOWN PIKE
SUITE 425

City State Zip Code
PLYMOUTH MEETING PA 19462

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.8103

Amount of Each Receipt this Period
100.00

PERMISSIBLE FUNDS-SEE MEMO

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

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

2000.00

**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 23 OF 96
	<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)
PHILIP MANDATO

Mailing Address 607 FAIRWAY DR

City TELFORD State PA Zip Code 18969

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

Name of Employer GRAND VIEW ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.8053

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRUCE MASANO

Mailing Address 3728 POTTSVILLE PIKE

City READING State PA Zip Code 19605

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

Name of Employer MASANO AUTO GROUP Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.8067

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT C MATTHIAS

Mailing Address 700 WEST MORSE BLVD
SUITE 201

City WINTER PARK State FL Zip Code 32789

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

Name of Employer MATTHIAS & MATTHIAS Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.8195

Amount of Each Receipt this Period
1250.00

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

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

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANCIS E. MCELWAINE

Mailing Address 7941 GUADIANA WAY

City State Zip Code
AVE MARIA FL 34142

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 17 2014

Transaction ID : SA11AI.8080

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. TERRENCE J. MCGLINN

Mailing Address 562 BROWNSVILLE ROAD

City State Zip Code
SINKING SPRING PA 19608

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 28 2014

Transaction ID : SA11AI.8201

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN MCGOWAN

Mailing Address 17 LEE BOULEVARD
SUITE D

City State Zip Code
MALVERN PA 19355

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

Name of Employer Occupation
JAECO FLUID SYSTEMS, INC. OWNER/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 16 2014

Transaction ID : SA11AI.8060

Amount of Each Receipt this Period
600.00

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

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

1800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAWRENCE MEIGS

Mailing Address 937 HAVERFORD RD
SUITE 200

City State Zip Code
BRYN MAWR PA 19010

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

Name of Employer Occupation
VISITING ANGELS DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8099

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL J. MINCKLER

Mailing Address 2411 HOFFMANSVILLE RD

City State Zip Code
FREDERICK PA 19435

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

Name of Employer Occupation
CMC ENGINEERING PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8037

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RYAN MOYER

Mailing Address 36 ASPEN WAY

City State Zip Code
SCHWENKSVILLE PA 19473

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

Name of Employer Occupation
DELOITTE AUDIT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 19 / 2014

Transaction ID : SA11AI.8198

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 26 OF 96
	<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)
CARRIE ANN NICHOL

Mailing Address **228 NEWINGTON DRIVE**

City **HATBORO** State **PA** Zip Code **19040-4457**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.8205

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PATRICIA O'HERRICK

Mailing Address **1730 PERKIOMENVILLE ROAD**

City **PERKIOMENVILLE** State **PA** Zip Code **18074**

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

Name of Employer
BERKSHIRE HATHAWAY FOX & ROACH HAR

Occupation
VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.8219

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
CHRISTINE M. O'NEILL

Mailing Address **787 MERCER LANE**

City **WEST CHESTER** State **PA** Zip Code **19380**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.8207

Amount of Each Receipt this Period
500.00

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

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

1300.00

**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 27 OF 96
	<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)
OBERMAYER REBMAN MAXWELL & HIPPEL LLP

Mailing Address **ONE PENN CENTER - 19TH FLOOR**
1617 JOHN F. KENNEDY BLVD.

City **PHILADELPHIA** State **PA** Zip Code **19103**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.8104

Amount of Each Receipt this Period
1000.00

PERMISSIBLE FUNDS-SEE MEMO

B. Full Name (Last, First, Middle Initial)
ALISON C ORLANDO

Mailing Address **25 TURNSTONE WAY**

City **DOWNINGTOWN** State **PA** Zip Code **19355**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 19 / 2014

Transaction ID : SA11AI.8200

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ALLAN J. PEPPELMAN

Mailing Address **1663 SOUTH HANOVER STREET**

City **POTTSTOWN** State **PA** Zip Code **19465**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.8234

Amount of Each Receipt this Period
150.00

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

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

2150.00

**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 28 OF 96
	<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

Full Name (Last, First, Middle Initial) A. BEVERLY B. PERREAULT		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 104 CROTON CT		Transaction ID : SA11AI.8235	
City SPRING CITY	State PA	Zip Code 19475	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER M. PLACITELLA		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 15 GOOSE POINT DR.		Transaction ID : SA11AI.8038	
City COLTS NECK	State NJ	Zip Code 07722	Amount of Each Receipt this Period _____ 222.00
FEC ID number of contributing federal political committee. C			
Name of Employer COHEN, PLACITELLA AND ROTH	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1555.33		

Full Name (Last, First, Middle Initial) C. ROBERT B. PRIEST		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 562 PENTLER DRIVE		Transaction ID : SA11AI.8085	
City EXTON	State PA	Zip Code 19301	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1372.00
TOTAL This Period (last page this line number only).....	_____

**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 29 OF 96
	<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 J. REILLY

Mailing Address 204 E. VIRGINIA AVE.

City	State	Zip Code
WEST CHESTER	PA	19380

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

Name of Employer	Occupation
JOHN REILLY PAINTERS LLC	PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.8061

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BETH RENEHAN

Mailing Address 26 LONG LANE

City	State	Zip Code
MALVERN	PA	19355

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

Name of Employer	Occupation
HAAS GROUP INTERNATIONAL	SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.8056

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT C ROBB JR

Mailing Address 502 W. GERMANTOWN PIKE
SUITE 425

City	State	Zip Code
PLYMOUTH MEETING	PA	19462

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

Name of Employer	Occupation
LEWIS, ECKERT, ROBB, & CO.	PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.8107

Amount of Each Receipt this Period
1600.00

LEWIS, ECKERT, ROBB, & CO.

[MEMO ITEM]

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT C ROBB JR

Mailing Address 502 W. GERMANTOWN PIKE
SUITE 425

City Plymouth Meeting State PA Zip Code 19462

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

Name of Employer LEWIS, ECKERT, ROBB, & CO. Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.8109

Amount of Each Receipt this Period
 LEWIS, ECKERT, ROBB, & CO.
 100.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DONALD J. ROSATO

Mailing Address 1169 SAINT MATTHEWS ROAD

City CHESTER SPRINGS State PA Zip Code 19425

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.8078

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
HARRY ROTH

Mailing Address 2217 SAINT JAMES ST.

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer COHEN, PLACITELLA AND ROTH Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1556.33

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.8040

Amount of Each Receipt this Period
 223.00

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

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

423.00

**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 31 OF 96
	<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)
CHARLES E RYAN

Mailing Address 350 WALNUT AVE

City State Zip Code
WAYNE PA 19087

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

Name of Employer Occupation
UFG ASSET MANAGEMENT CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.8193

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
BRIAN G SEAMAN

Mailing Address 749 WESSNER ROAD

City State Zip Code
KUTZTOWN PA 19530

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

Name of Employer Occupation
GILES + RANSOME, INC. SALES REPRESENTATIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.8048

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STANLEY J. SEPONSKI

Mailing Address 251 BERTOLET SCHOOL ROAD

City State Zip Code
SPRING CITY PA 19475

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

Name of Employer Occupation
ENTREPRENEUR TRUCK DRIVER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.8087

Amount of Each Receipt this Period
100.00

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

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

3200.00

**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 32 OF 96
	<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

Full Name (Last, First, Middle Initial) A. JOHN J. SICKLER		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 1252 CALISTA LANE		Transaction ID : SA11AI.8084	
City PHOENIXVILLE	State PA	Zip Code 19460	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. JACQUELYN L. SMITH		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 114 NOTTINGHAM DRIVE		Transaction ID : SA11AI.8057	
City SPRING CITY	State PA	Zip Code 19475	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) C. JAMES SPINELLI		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 525 NORTHFIELD ROAD		Transaction ID : SA11AI.8031	
City DEVON	State PA	Zip Code 19333	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer ANRO INC.	Occupation PRINTER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	_____

**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 33 OF 96
	<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)
JAMES SPINELLI

Mailing Address 525 NORTHFIELD ROAD

City State Zip Code
DEVON PA 19333

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

Name of Employer Occupation
ANRO INC. PRINTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.8032

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
IRA STRAFF

Mailing Address 3 COPPER BEECH DR

City State Zip Code
LAFAYETTE HILL PA 19444

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

Name of Employer Occupation
INSURANCE ADJUSTMENT BUREAU PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.8058

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE J. TABAS

Mailing Address ONE PENN CENTRE
19TH FLOOR

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation
OBERMAYER REBMANN MAXWELL & HI ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.8110

Amount of Each Receipt this Period
1000.00

OBERMAYER REBMANN MAXWELL & HIPPEL LLP
[MEMO ITEM]

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

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

750.00

**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 34 OF 96
	<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)
ROBERT S TAYLOR

Mailing Address **PO BOX 220**

City **SOLEBURY** State **PA** Zip Code **18963**

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

Name of Employer **THE CAMERON COMPANIES, LLC** Occupation **CHAIRMAN & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.8095

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PAUL S. TOUHEY

Mailing Address **102 LAURA LANE**

City **ROYERSFORD** State **PA** Zip Code **19468**

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

Name of Employer **INVISIBLE SENTINEL INC.** Occupation **EXECUTIVE CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8059

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LISA TULLMAN

Mailing Address **11 KYLE DRIVE**

City **CHESTER SPRINGS** State **PA** Zip Code **19425**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.8192

Amount of Each Receipt this Period
2600.00

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

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

4600.00

**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 35 OF 96
	<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)
STEPHEN TULLMAN

Mailing Address 11 KYLE DRIVE

City State Zip Code
CHESTER SPRINGS PA 19425

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

Name of Employer Occupation
NEXEPTION MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.8071

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Mr. CHRISTOPHER M. VENO

Mailing Address 1750 NORTH VALLEY ROAD

City State Zip Code
MALVERN PA 19355

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

Name of Employer Occupation
TRION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.8214

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PATRICK J WARD

Mailing Address 20 HARVEY LANE

City State Zip Code
MALVERN PA 19355

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

Name of Employer Occupation
CITIZENS BANK EVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.8226

Amount of Each Receipt this Period
250.00

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

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

3350.00

**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 36 OF 96
	<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

Full Name (Last, First, Middle Initial) A. JANA M WARMIAK		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1 S HAWTHORNE ROAD		Transaction ID : SA11AI.8228	
City COATESVILLE	State PA	Zip Code 19320	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00	

Full Name (Last, First, Middle Initial) B. MR DANIEL E. WIEKRYKAS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1010 MOUNTAIN COURT		Transaction ID : SA11AI.8070	
City READING	State PA	Zip Code 19606	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer NATIONAL PENN BACK		Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 750.00	

Full Name (Last, First, Middle Initial) C. CHRIS WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 342 SUNDANCE DRIVE		Transaction ID : SA11AI.8068	
City CHESTER SPRINGS	State PA	Zip Code 19425	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer MCMAHON ASSOCIATES, INC		Occupation VICE PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 950.00
TOTAL This Period (last page this line number only).....	_____

**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 37 OF 96
	<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)
JOSEPH WOLFGANG

Mailing Address 172 KUTZTOWN ROAD

City State Zip Code
BALLY PA 19503

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

Name of Employer Occupation
WOLFGANG METALS SERVICES METALS BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11Al.8100

Amount of Each Receipt this Period
200.00

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).....

200.00

54292.00

**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 38 OF 96
	<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)
ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

Mailing Address **101 CONSTITUTION AVE NW
SUITE 400W**
City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00089136**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : SA11C.8114

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Mailing Address **1650 DIAGONAL ROAD**
City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00306449**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SA11C.8115

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1891 PRESTON WHITE DRIVE**
City **RESTON** State **VA** Zip Code **20191**

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **3000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 28 2014
Transaction ID : SA11C.8116

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

**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 39 OF 96
	<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)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 TENTH STREET, NW
TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11C.8118

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11C.8120

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 1300 MORRIS DRIVE
SUITE 100

City CHESTERBROOK State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C C00400929**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11C.8122

Amount of Each Receipt this Period
2000.00

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

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

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AREA 1 GOP

Mailing Address **6001 MARDON DRIVE**

City **PENNSBURG** State **PA** Zip Code **18073**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.8124

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address **2300 WILSON BLVD.
SUITE 300**

City **ARLINGTON** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.8125

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)

Mailing Address **11921 FREEDOM DRIVE
SUITE 1100**

City **RESTON** State **VA** Zip Code **20190**

FEC ID number of contributing federal political committee. **C C00447565**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11C.8127

Amount of Each Receipt this Period
2500.00

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

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

4800.00

**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 41 OF 96
	<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)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11C.8129

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
AX PAC

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

FEC ID number of contributing federal political committee. **C** C00506535

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.8130

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1680 CAPITAL ONE DRIVE
ATTN:12067-1600

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.8132

Amount of Each Receipt this Period
3000.00

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

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

5500.00

**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 42 OF 96
	<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)
CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

Mailing Address 1615 H STREET NORTHWEST

City WASHINGTON State DC Zip Code 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11C.8134

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

FEC ID number of contributing federal political committee. **C** C00386847

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2481.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11C.8111

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11C.8136

Amount of Each Receipt this Period
3000.00

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

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

7500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.8137

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11C.8138

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
DAY & ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FEDERAL')

Mailing Address 1500 SPRING GARDEN STREET

City State Zip Code
PHILADELPHIA PA 19130

FEC ID number of contributing federal political committee. **C C00341271**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11C.8140

Amount of Each Receipt this Period
1000.00

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

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

6000.00

**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 44 OF 96
	<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)
EXCELSIOR PAC

Mailing Address 430 FERDINAND DAY DRIVE

City State Zip Code
ALEXANDRIA VA 22304

FEC ID number of contributing federal political committee. **C** C00541078

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.8142

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
EYE OF THE TIGER PAC

Mailing Address P.O.BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11C.8144

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address 6700 LAS COLINAS BOULEVARD

City State Zip Code
IRVING TX 75039

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11C.8146

Amount of Each Receipt this Period
2500.00

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

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

6000.00

**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 45 OF 96	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOE PITTS

Mailing Address **PO BOX 775**

City **UNIONVILLE** State **PA** Zip Code **19375**

FEC ID number of contributing federal political committee. **C C00310136**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2014

Transaction ID : SA11C.8112

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address **2941 FAIRVIEW PARK DR.
SUITE 100**

City **FALLS CHURCH** State **VA** Zip Code **22042**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2014

Transaction ID : SA11C.8148

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
GREATER READING CHAMBER PAC

Mailing Address **601 PENN ST.
SUITE 101**

City **READING** State **PA** Zip Code **19601**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	28	/	2014

Transaction ID : SA11C.8150

Amount of Each Receipt this Period

500.00

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

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

3500.00

**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 46 OF 96
	<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)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.8152

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ICE PAC

Mailing Address PO BOX 752

City LONG LAKE State MN Zip Code 55356

FEC ID number of contributing federal political committee. **C** C00484667

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.8153

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11C.8154

Amount of Each Receipt this Period
1000.00

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

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

4500.00

**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 47 OF 96
	<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

Full Name (Last, First, Middle Initial) A. LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2014
Mailing Address 1000 LOWE'S BOULEVARD		Transaction ID : SA11C.8155
City MOORESVILLE	State NC	
FEC ID number of contributing federal political committee. C C00251751		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. LUKE MESSER FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 917		Transaction ID : SA11C.8113
City SHELBYVILLE	State IN	
FEC ID number of contributing federal political committee. C C00460667		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) C. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2014
Mailing Address 1295 STATE STREET		Transaction ID : SA11C.8157
City SPRINGFIELD	State MA	
FEC ID number of contributing federal political committee. C C00118943		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

**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 48 OF 96
	<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)
MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2111 MCDONALDS DR
DEPT 213

City OAK BROOK State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C** C00063164

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11C.8158

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.8160

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00540187

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.8162

Amount of Each Receipt this Period
2500.00

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

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

10000.00

**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 49 OF 96
	<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)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)

Mailing Address 1919 M STREET, NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11C.8164

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.8165

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.8166

Amount of Each Receipt this Period
2500.00

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

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

7500.00

**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 50 OF 96
	<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)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11C.8167

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 3601 VINCENNES ROAD
PO BOX 68700

City INDIANAPOLIS State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11C.8168

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS

Mailing Address 1325 G STREET N.W.
SUITE 1000

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11C.8170

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ATHLETIC TRAINERS' ASSOCIATION INC POLITICAL ACTION COMMITTEE (NATA)

Mailing Address 2952 STEMMONS FREEWAY

City State Zip Code
DALLAS TX 75247

FEC ID number of contributing federal political committee. **C** C00408518

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.8172

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL FUEL GAS COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 6363 MAIN STREET

City State Zip Code
WILLIAMSVILLE NY 14221

FEC ID number of contributing federal political committee. **C** C00083758

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : SA11C.8174

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET, NW
SUITE 540

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.8176

Amount of Each Receipt this Period
2500.00

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

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PATRIOTS FOR PERRY

Mailing Address **PO BOX 147**

City **RED LION** State **PA** Zip Code **17356**

FEC ID number of contributing federal political committee. **C C00510164**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11C.8177

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address **701 8TH STREET, NW
SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00325357**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.8178

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address **701 8TH STREET, NW
SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00325357**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11C.8179

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOVERNMENT

Mailing Address **TWO NORTH NINTH STREET
GENTW2**

City **ALLENTOWN** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.8180

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE (RJC-PAC)

Mailing Address **50 F STREET NW SUITE 100**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00345132**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.8182

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
ROTHMAN INSTITUTE PAC

Mailing Address **925 CHESTNUT STREET
C/O DR GERALD WILLIAMS**

City **PHILADELPHIA** State **PA** Zip Code **19107**

FEC ID number of contributing federal political committee. **C C00558700**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.8184

Amount of Each Receipt this Period
2600.00

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

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

7600.00

**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 54 OF 96
<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)
STAND TALL AMERICA PAC (STAPAC)

Mailing Address **PO BOX 2382**

City **AMARILLO** State **TX** Zip Code **79105**

FEC ID number of contributing federal political committee. **C C00404418**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2556.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2014

Transaction ID : SA11C.7978

Amount of Each Receipt this Period

750.00

IN-KIND: FACILITY RENTAL/CATERING SERVICES

B. Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address **1627 EYE STREET NW SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00040394**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2014

Transaction ID : SA11C.8186

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

Mailing Address **THREE PARK PLACE**

City **ANNAPOLIS** State **MD** Zip Code **21401**

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11C.8188

Amount of Each Receipt this Period

5000.00

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

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

6750.00

**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 55 OF 96
	<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)
UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)

Mailing Address **9900 BREN ROAD EAST**

City State Zip Code
MINNETONKA MN 55343

FEC ID number of contributing federal political committee. **C C00274431**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 18 2014

Transaction ID : SA11C.8189

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **ONE VALERO WAY**

City State Zip Code
SAN ANTONIO TX 78249

FEC ID number of contributing federal political committee. **C C00109546**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 20 2014

Transaction ID : SA11C.8191

Amount of Each Receipt this Period
2500.00

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).....

5000.00
105150.00

**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 56 OF 96	
	<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) A. 121 N. WALNUT ASSOCIATES, LP		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 55 COUNTRY CLUB DR SUITE 200		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.7864
City DOWNINGTON State PA Zip Code 19335	Purpose of Disbursement RENT & UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1516 2ND AVENUE		Amount of Each Disbursement this Period 134.99 Transaction ID : SB17.7865
City SEATTLE State WA Zip Code 98101	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 202.00 Transaction ID : SB17.7915
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL: RAIL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2336.99
TOTAL 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 57 OF 96	
	<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) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 153.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL: RAIL	Transaction ID : SB17.7927
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 119.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL: RAIL	Transaction ID : SB17.7928
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 220.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL: RAIL	Transaction ID : SB17.7929
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	492.00
TOTAL 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 58 OF 96		
	<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

A. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 MASSACHUSETTS AVE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL: RAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 170.00

Transaction ID : SB17.7930

B. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 MASSACHUSETTS AVE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL: RAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 119.00

Transaction ID : SB17.7931

C. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 MASSACHUSETTS AVE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL: RAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 194.00

Transaction ID : SB17.7932

SUBTOTAL of Disbursements This Page (optional) 483.00

TOTAL 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 59 OF 96			
	<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) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 50.00
City DALLAS State TX Zip Code 75202	Purpose of Disbursement HIBBS: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.7964 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HAL BROWN		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 21 STONEYWYCK DR		Amount of Each Disbursement this Period 1000.00
City HILLSBOROUGH State NJ Zip Code 08844	Purpose of Disbursement PHOTOGRAPHY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7924
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MATT CATANIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 154 DAVENPORT RD		Amount of Each Disbursement this Period 446.58
City KENNETT SQUARE State PA Zip Code 19348	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.7819
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1446.58
TOTAL 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 60 OF 96	
	<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) A. MATT CATANIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 154 DAVENPORT RD		Amount of Each Disbursement this Period 464.18 Transaction ID : SB17.7878
City KENNETT SQUARE	State PA	
Zip Code 19348	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MATT CATANIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 154 DAVENPORT RD		Amount of Each Disbursement this Period 420.20 Transaction ID : SB17.7919
City KENNETT SQUARE	State PA	
Zip Code 19348	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. COMMONWEALTH OF PENNSYLVANIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 400 NORTH STREET 4TH FLOOR		Amount of Each Disbursement this Period 446.41 Transaction ID : SB17.7933
City HARRISBURG	State PA	
Zip Code 17120	Purpose of Disbursement TAXES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1330.79
TOTAL 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 61 OF 96	
	<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) A. CVS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1450 POTTSTOWN PIKE		Amount of Each Disbursement this Period 6.76
City WEST CHESTER	State PA Zip Code 19380	
Purpose of Disbursement TOWEY: OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.7974
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DENTAL CARE USA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 660138		Amount of Each Disbursement this Period 22.99
City DALLAS	State TX Zip Code 75266	
Purpose of Disbursement TOWEY: DENTAL	Category/Type	Transaction ID : SB17.7970
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MARIA DIESEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1533 JOHNNYS WAY		Amount of Each Disbursement this Period 2192.13
City WEST CHESTER	State PA Zip Code 19382	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type	Transaction ID : SB17.7817
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2192.13
TOTAL 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 62 OF 96			
	<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) A. MARIA DIESEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1533 JOHNNYS WAY		Amount of Each Disbursement this Period 3393.75 Transaction ID : SB17.7842
City WEST CHESTER State PA Zip Code 19382	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARIA DIESEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1533 JOHNNYS WAY		Amount of Each Disbursement this Period 938.00 Transaction ID : SB17.7876
City WEST CHESTER State PA Zip Code 19382	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARIA DIESEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1533 JOHNNYS WAY		Amount of Each Disbursement this Period 10262.50 Transaction ID : SB17.7877
City WEST CHESTER State PA Zip Code 19382	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14594.25
TOTAL 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 63 OF 96	
	<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

A. DNB FIRST

Full Name (Last, First, Middle Initial)
Mailing Address **2 NORTH CHURCH STREET**

City **WEST CHESTER** State **PA** Zip Code **19380**

Purpose of Disbursement **BANK FEES**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: **10 / 31 / 2014**

Amount of Each Disbursement this Period: **25.00**

Transaction ID : **SB17.7870**

B. DNB FIRST

Full Name (Last, First, Middle Initial)
Mailing Address **2 NORTH CHURCH STREET**

City **WEST CHESTER** State **PA** Zip Code **19380**

Purpose of Disbursement **BANK FEES**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: **11 / 03 / 2014**

Amount of Each Disbursement this Period: **25.00**

Transaction ID : **SB17.7891**

C. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address **3875 AIRWAYS
MODULE H3 DEPARTMENT 4634**

City **MEMPHIS** State **TN** Zip Code **38116**

Purpose of Disbursement **DELIVERY SERVICES**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: **10 / 27 / 2014**

Amount of Each Disbursement this Period: **29.86**

Transaction ID : **SB17.7853**

SUBTOTAL of Disbursements This Page (optional) **79.86**

TOTAL 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 64 OF 96	
	<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) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPARTMENT 4634		Amount of Each Disbursement this Period 130.48 Transaction ID : SB17.7854
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPARTMENT 4634		Amount of Each Disbursement this Period 37.28 Transaction ID : SB17.7859
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPARTMENT 4634		Amount of Each Disbursement this Period 14.93 Transaction ID : SB17.7862
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	182.69
TOTAL 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 65 OF 96			
	<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)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPARTMENT 4634		Amount of Each Disbursement this Period 29.86
City MEMPHIS	State TN Zip Code 38116	
Purpose of Disbursement DELIVERY SERVICES	Category/Type	Transaction ID : SB17.7871
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPARTMENT 4634		Amount of Each Disbursement this Period 26.71
City MEMPHIS	State TN Zip Code 38116	
Purpose of Disbursement DELIVERY SERVICES	Category/Type	Transaction ID : SB17.7899
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FLS CONNECT		M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 7300 HUDSON BLVD. STE 270		Amount of Each Disbursement this Period 24987.60
City ST. PAUL	State MN Zip Code 55128	
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	Category/Type	Transaction ID : SB17.7893
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	25044.17
TOTAL 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 66 OF 96	
	<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) A. HARPER POLLING, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 121 STATE ST			Amount of Each Disbursement this Period 3362.00	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.7873	
Purpose of Disbursement POLLING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. WILLIAM HIBBS			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 970.77	
City NORTH WALES	State PA	Zip Code 19454	Transaction ID : SB17.7838	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. WILLIAM HIBBS			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 453.86	
City NORTH WALES	State PA	Zip Code 19454	Transaction ID : SB17.7950	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4786.63
TOTAL 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 67 OF 96			
	<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) A. WILLIAM HIBBS			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 970.77 Transaction ID : SB17.7890
City NORTH WALES	State PA	Zip Code 19454	
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. WILLIAM HIBBS			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 163.72 Transaction ID : SB17.7948
City NORTH WALES	State PA	Zip Code 19454	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMO ENTRIES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. WILLIAM HIBBS			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 518.56 Transaction ID : SB17.7949
City NORTH WALES	State PA	Zip Code 19454	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1653.05
TOTAL 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 68 OF 96	
	<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) A. WILLIAM HIBBS			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 970.77	
City NORTH WALES	State PA	Zip Code 19454	Transaction ID : SB17.7922	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. WILLIAM HIBBS			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address 1420 CAMBRIDGE DR			Amount of Each Disbursement this Period 432.88	
City NORTH WALES	State PA	Zip Code 19454	Transaction ID : SB17.7947	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. HILTON GARDEN INN			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 720 EAGLEVIEW BLVD			Amount of Each Disbursement this Period 4440.33	
City EXTON	State PA	Zip Code 19341	Transaction ID : SB17.7895	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5843.98
TOTAL 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 69 OF 96			
	<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) A. HILTON GARDEN INN			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014		
Mailing Address 720 EAGLEVIEW BLVD			Amount of Each Disbursement this Period 203.26		
City EXTON	State PA	Zip Code 19341	Transaction ID : SB17.7912		
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. HILTON GARDEN INN			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014		
Mailing Address 720 EAGLEVIEW BLVD			Amount of Each Disbursement this Period 1535.82		
City EXTON	State PA	Zip Code 19341	Transaction ID : SB17.7916		
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. HOTELS.COM			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 10440 N. CENTRAL EXPWY.,STE. 400			Amount of Each Disbursement this Period 158.04		
City DALLAS	State TX	Zip Code 75231	Transaction ID : SB17.7840		
Purpose of Disbursement TRAVEL: LODGING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1897.12
TOTAL 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 70 OF 96			
	<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) A. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 10440 N. CENTRAL EXPWY.,STE. 400		Amount of Each Disbursement this Period 2141.63
City DALLAS State TX Zip Code 75231	Purpose of Disbursement TRAVEL: LODGING	
Candidate Name		Transaction ID : SB17.7841
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 10440 N. CENTRAL EXPWY.,STE. 400		Amount of Each Disbursement this Period 354.22
City DALLAS State TX Zip Code 75231	Purpose of Disbursement TRAVEL: LODGING	
Candidate Name		Transaction ID : SB17.7855
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 10440 N. CENTRAL EXPWY.,STE. 400		Amount of Each Disbursement this Period 140.61
City DALLAS State TX Zip Code 75231	Purpose of Disbursement TRAVEL: LODGING	
Candidate Name		Transaction ID : SB17.7860
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2636.46
TOTAL 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 71 OF 96	
	<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

A. IMPACT STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 431 DOE RUN LANE

City SPRINGFIELD State PA Zip Code 19064

Purpose of Disbursement COMMUNICATION CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 2750.00

Transaction ID : SB17.7813

B. IMPARK

Full Name (Last, First, Middle Initial)
Mailing Address 100 CHESTNUT ST

City WEST CHESTER State PA Zip Code 19380

Purpose of Disbursement HIBBS: TRAVEL: PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 80.00

Transaction ID : SB17.7963

[MEMO ITEM]

C. INTERNAL REVENUE SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 111 CONSTITUTION AVENUE, NW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 14 / 2014

Amount of Each Disbursement this Period: 4327.44

Transaction ID : SB17.7935

SUBTOTAL of Disbursements This Page (optional) 7077.44

TOTAL 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 72 OF 96			
	<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) A. JIVE COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1275 WEST 1600 NORTH SUITE 102			Amount of Each Disbursement this Period 162.02
City OREM	State UT	Zip Code 94057	
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type	Transaction ID : SB17.7814
Candidate Name			
Office Sought:	House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. KEYSTONE HEALTH PLAN EAST			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 11855			Amount of Each Disbursement this Period 227.27
City NEWARK	State NJ	Zip Code 07101	
Purpose of Disbursement TOWEY: INSURANCE		Category/ Type	Transaction ID : SB17.7969 [MEMO ITEM]
Candidate Name			
Office Sought:	House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. KEYSTONE HEALTH PLAN EAST			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 11855			Amount of Each Disbursement this Period 227.27
City NEWARK	State NJ	Zip Code 07101	
Purpose of Disbursement TOWEY: INSURANCE		Category/ Type	Transaction ID : SB17.7971 [MEMO ITEM]
Candidate Name			
Office Sought:	House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	162.02
TOTAL 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 73 OF 96	
	<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) A. LN CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 121 STATE ST		Amount of Each Disbursement this Period 2500.00
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.7815
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MERCURY		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 250 GREENWICH ST 36TH FLOOR		Amount of Each Disbursement this Period 6293.44
City NEW YORK	State NY	
Zip Code 10007	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.7843
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 13.85
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement DELIVERY SERVICES	Transaction ID : SB17.7822
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8807.29
TOTAL 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 74 OF 96	
	<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) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.7823
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 301.40
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.7848
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 48.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.7861
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2749.40
TOTAL 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 75 OF 96	
	<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

A. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 13.85

Transaction ID : SB17.7880

B. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 13.85

Transaction ID : SB17.7881

C. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 95.40

Transaction ID : SB17.7898

SUBTOTAL of Disbursements This Page (optional) 123.10

TOTAL 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 76 OF 96	
	<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) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 287.40
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.7902
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7941
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RENNICK REMELY		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 1326.50
City PITTSBURGH State PA Zip Code 15203	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.7824
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4013.90
TOTAL 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 77 OF 96		
	<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) A. RENNICK REMELY		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 1326.50 Transaction ID : SB17.7882
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RENNICK REMELY		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 1326.50 Transaction ID : SB17.7921
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RENNICK A REMLEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 130.77 Transaction ID : SB17.7955
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement REIMBURSEMENTS: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2783.77
TOTAL 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 78 OF 96		
	<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) A. RENNICK A REMLEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 72.80
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.7956
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RENNICK A REMLEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 80.64
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.7953
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RENNICK A REMLEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 119 1/2 S 18TH STREET		Amount of Each Disbursement this Period 100.00
City PITTSBURGH	State PA	
Zip Code 15203	Purpose of Disbursement REIMBURSEMENTS: SEE MEMO ENTRIES	Transaction ID : SB17.7954
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	253.44
TOTAL 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 79 OF 96			
	<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) A. SARAH S. BONES PHOTOGRAPHY			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 25 HIGH STREET			Amount of Each Disbursement this Period 1029.26 Transaction ID : SB17.7883
City MALVERN	State PA	Zip Code 19355	
Purpose of Disbursement PHOTOGRAPHY SERVICES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. SCHAFFER SOUND INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 843 N. PROVIDENCE RD			Amount of Each Disbursement this Period 330.00 Transaction ID : SB17.7885
City MEDIA	State PA	Zip Code 19063	
Purpose of Disbursement EVENT STAGING EXPENSE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. SPRINT			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 4191			Amount of Each Disbursement this Period 130.77 Transaction ID : SB17.7965 [MEMO ITEM]
City CAROL STREAM	State IL	Zip Code 60197	
Purpose of Disbursement REMLEY: MOBILE PHONE EXPENSE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1359.26
TOTAL 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 80 OF 96			
	<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) A. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 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 REMLEY: MOBILE PHONE EXPENSE	Transaction ID : SB17.7967
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STAND TALL AMERICA PAC (STAPAC)		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 2382		Amount of Each Disbursement this Period 750.00
City AMARILLO	State TX	
Zip Code 79105	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.7979
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 7669 STEGERS LOOP		Amount of Each Disbursement this Period 75000.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.7849
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	75750.00
TOTAL 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 81 OF 96			
	<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) A. STRATEGIC MEDIA PLACEMENT			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 7669 STEGERS LOOP			Amount of Each Disbursement this Period 150000.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.7856	
Purpose of Disbursement PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JOSEPH TARANTINO			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address 1030 YELLOW SPRINGS ROAD			Amount of Each Disbursement this Period 451.16	
City MALVERN	State PA	Zip Code 19355	Transaction ID : SB17.7926	
Purpose of Disbursement EVENT STAGING EXPENSE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. THE DESMOND HOTEL			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 660 ALBANY SHAKER RD			Amount of Each Disbursement this Period 150.00	
City ALBANY	State NY	Zip Code 12211	Transaction ID : SB17.7839	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	150601.16
TOTAL 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 82 OF 96			
	<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) A. THE DESMOND HOTEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 660 ALBANY SHAKER RD		Amount of Each Disbursement this Period 451.02 Transaction ID : SB17.7851
City ALBANY State NY Zip Code 12211	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE PRINT SHOP, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 705 E UNION ST		Amount of Each Disbursement this Period 662.50 Transaction ID : SB17.7825
City WEST CHESTER State PA Zip Code 19382	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE PRINT SHOP, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 705 E UNION ST		Amount of Each Disbursement this Period 2186.78 Transaction ID : SB17.7942
City WEST CHESTER State PA Zip Code 19382	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3300.30
TOTAL 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 83 OF 96		
	<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) A. THE PROSPER GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 435 EAST MAIN STREET SUITE 250		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.7826
City GREENWOOD State IA Zip Code 46143	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP FOR MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 6500.00 Transaction ID : SB17.7827
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP FOR MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.7888
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14075.00
TOTAL 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 84 OF 96			
	<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) A. THE TARRANCE GROUP			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address ATTN: STUART C. VICKERY 201 N. UNION ST, SUITE 410			Amount of Each Disbursement this Period 15925.00 Transaction ID : SB17.7828
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement RESEARCH CONSULTING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. THE THEODORE COMPANY LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 320412			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7829
City ALEXANDRIA	State VA	Zip Code 22320	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. THE THEODORE COMPANY LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 320412			Amount of Each Disbursement this Period 1009.65 Transaction ID : SB17.7830
City ALEXANDRIA	State VA	Zip Code 22320	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	17934.65
TOTAL 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 85 OF 96	
	<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) A. THE THEODORE COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 320412		Amount of Each Disbursement this Period 32580.76 Transaction ID : SB17.7844
City ALEXANDRIA	State VA	
Zip Code 22320	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE THEODORE COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address PO BOX 320412		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7945
City ALEXANDRIA	State VA	
Zip Code 22320	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. TODD KRICK GRAPHIC DESIGN		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 131 CLOVER LANE		Amount of Each Disbursement this Period 68.90 Transaction ID : SB17.7831
City PALMYRA	State PA	
Zip Code 17078	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	33649.66
TOTAL 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 86 OF 96			
	<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) A. TODD KRICK GRAPHIC DESIGN		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 131 CLOVER LANE		Amount of Each Disbursement this Period 241.15
City PALMYRA State PA Zip Code 17078	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.7832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TODD KRICK GRAPHIC DESIGN		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 131 CLOVER LANE		Amount of Each Disbursement this Period 378.95
City PALMYRA State PA Zip Code 17078	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.7833
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. TODD KRICK GRAPHIC DESIGN		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 131 CLOVER LANE		Amount of Each Disbursement this Period 485.94
City PALMYRA State PA Zip Code 17078	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.7834
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1106.04
TOTAL 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 87 OF 96		
	<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) A. TODD KRICK GRAPHIC DESIGN		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 131 CLOVER LANE		Amount of Each Disbursement this Period 1644.69
City PALMYRA State PA Zip Code 17078	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7835
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 2564.45
City DEVON State PA Zip Code 19333	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.7821
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 368.26
City DEVON State PA Zip Code 19333	Purpose of Disbursement REIMBURSEMENTS: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.7957
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4577.40
TOTAL 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 88 OF 96		
	<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) A. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 2564.45 Transaction ID : SB17.7879
City DEVON	State PA	
Zip Code 19333	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 227.27 Transaction ID : SB17.7958
City DEVON	State PA	
Zip Code 19333	Purpose of Disbursement REIMBURSEMENTS: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 76.16 Transaction ID : SB17.7959
City DEVON	State PA	
Zip Code 19333	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2867.88
TOTAL 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 89 OF 96		
	<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) A. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 2564.45
City DEVON State PA Zip Code 19333	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.7920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 124.76
City DEVON State PA Zip Code 19333	Purpose of Disbursement REIMBURSEMENTS: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.7960
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. PETER TOWEY		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 86 CONESTOGA ROAD		Amount of Each Disbursement this Period 22.40
City DEVON State PA Zip Code 19333	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.7961
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2711.61
TOTAL 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 90 OF 96			
	<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) A. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 190 MONROE AVE NW		Amount of Each Disbursement this Period 845.98 Transaction ID : SB17.7836
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 190 MONROE AVE NW		Amount of Each Disbursement this Period 22.50 Transaction ID : SB17.7863
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 686.00 Transaction ID : SB17.7850
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	845.98
TOTAL 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 91 OF 96			
	<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) A. USPS		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 10 / 27 / 2014
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement DELIVERY SERVICES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	196.00	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7857	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 10 / 31 / 2014
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement DELIVERY SERVICES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	539.00	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7889	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 475 L'ENFANT PLAZA SW		M M / D D / Y Y Y Y 10 / 31 / 2014
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement REMLEY: POSTAGE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	100.00	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7966	
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	735.00
TOTAL 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 92 OF 96	
	<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) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 11328		Amount of Each Disbursement this Period 118.00
City ST. PETERSBURG	State FL	
Zip Code 33733	Purpose of Disbursement TOWEY: MOBILE PHONE EXPENSE	Transaction ID : SB17.7968 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address PO BOX 11328		Amount of Each Disbursement this Period 118.00
City ST. PETERSBURG	State FL	
Zip Code 33733	Purpose of Disbursement TOWEY: MOBILE PHONE EXPENSE	Transaction ID : SB17.7972 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 270 INDIAN RUN ST		Amount of Each Disbursement this Period 33.72
City EXTON	State PA	
Zip Code 19341	Purpose of Disbursement HIBBS: OFFICE SUPPLIES	Transaction ID : SB17.7962 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 93 OF 96	
	<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) A. WCHE 152		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 105 WEST GAY ST		Amount of Each Disbursement this Period 1000.00
City WEST CHESTER	State PA Zip Code 19380	
Purpose of Disbursement PLACED MEDIA	Candidate Name	Transaction ID : SB17.7846
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) 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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	401484.00

**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 94 OF 96	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
RYAN COSTELLO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. LISA A. BELL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 729 HARRISON ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.8268
City VILLANOVA State PA Zip Code 19085	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRADLEY RONON STEVENS & YOUNG, LLP		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2005 MARKET ST SUITE 2600		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB20A.8269
City PHILADELPHIA State PA Zip Code 19103	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	3300.00

**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 95 OF 96			
	<input type="checkbox"/> 17 20a <input checked="" 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) A. ICE PAC		Date of Disbursement
Mailing Address PO BOX 752		M M / D D / Y Y Y Y 10 / 16 / 2014
City LONG LAKE	State MN	Zip Code 55356
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB20B.7975
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 96 OF 96	
	<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

A. MARTHA MCSALLY FOR CONGRESS RECOUNT

Full Name (Last, First, Middle Initial)
Mailing Address 7509 NW TIFFANY SPRINGS PKWY

City KANSAS CITY State MO Zip Code 64153

Purpose of Disbursement
FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 14 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB21.8271

B. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA

Full Name (Last, First, Middle Initial)
Mailing Address 112 STATE STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement
UNLIMITED CANDIDATE TRANSFER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 29 / 2014

Amount of Each Disbursement this Period
7500.00

Transaction ID : SB21.7976

C. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA

Full Name (Last, First, Middle Initial)
Mailing Address 112 STATE STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement
UNLIMITED CANDIDATE TRANSFER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 31 / 2014

Amount of Each Disbursement this Period
2500.00

Transaction ID : SB21.7977

SUBTOTAL of Disbursements This Page (optional)..... 11000.00

TOTAL This Period (last page this line number only)..... 11000.00