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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. RYAN COSTELLO FOR CONGRESS PO BOX 3154 ADDRESS (number and street) (Check if address is changed) WEST CHESTER 19381 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COSTELLO@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.RYANCOSTELLOFORCONGRESS.COM (Check if address is changed) DATE 2014 C00554899 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **BRADLEY CRATE** Type or Print Name of Treasurer BRADLEY CRATE [Electronically Filed] 12 17 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission

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

(Revised 06/2012)

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

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W	/rite or Type Committee Name	e	
F	RYAN COSTEI	LLO FOR CONGRESS	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
FI	TZPATRICK COSTI	ELLO,VICTORY,FUND	
L		2470 DANIELLS BRIDGE RD STE 121	
	Mailing Address		
		ATHENS GA 30606	
		CITY STATE ZII	P CODE
	Relationship: Connecte	d Organization	ership PAC Sponsor
	Custodian of Records: Ide	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	books and records.		
	BRADLEY	Y CRATE	1
	Full Name	500 CUMMINGS CENTER	
	Mailing Address	SUITE 4400	
		BEVERLY MA 01915	
	Title or Position	CITY STATE ZIF	P CODE
	, TREASURER	1 617 1 30	3 6823
		Telephone number	
 3.	Treasurer: List the name an	nd address (phone number optional) of the treasurer of the committee; and the name	and address of
	any designated agent (e.g.,	assistant treasurer).	
	Full Name BRADLEY of Treasurer	CRATE	
	Mailing Address	500 CUMMINGS CENTER	
	ag / tau/ coc	SUITE 4400	
		BEVERLY MA 01915	. _ !
			P CODE
	Title or Position TREASURER	617 303	8 6823
		Telephone number	

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Full Name of Designated Agent	BRADLEY CRATE	E					
Mailing Address		CUMMINGS CENTER					
		E 4400	, MA , O1	915			
	BEV	ERLY 	STATE	ZIP CODE			
Title or Position ASSISTANT TRE	EASURER		Telephone number 617	- 848 - 8887			
Banks or Other safety deposit box		t all banks or other depositories in whic unds.	h the committee deposits funds,	holds accounts, rents			
Name of Bank, D	me of Bank, Depository, etc.						
	DNB FIRST						
Mailing Address	2 NO	PRTH CHURCH STREET					
Mailing Address			PA 1193	380			
Mailing Address		ST CHESTER					
	WES		PA 193	380 ZIP CODE			
Mailing Address Name of Bank, D	WES	ST CHESTER CITY					
	epository, etc.	ST CHESTER CITY					
Name of Bank, D	epository, etc. SUNTRUST PO B	CITY BANK BOX 4418	STATE	ZIP CODE			
Name of Bank, D	epository, etc. SUNTRUST PO B	ST CHESTER CITY	STATE				