Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. RYAN COSTELLO FOR CONGRESS PO Box 3154 ADDRESS (number and street) (Check if address is changed) West Chester 19381-3154 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS linda.r.dexter@gmail.com (Check if address is changed) Optional Second E-Mail Address |dextercampaigns@gmail.com| COMMITTEE'S WEB PAGE ADDRESS (URL) www.ryancostelloforcongress.com (Check if address is changed) DATE 20 2015 C00554899 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. LINDA R DEXTER Type or Print Name of Treasurer LINDA R DEXTER [Electronically Filed] 09 20 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC F	Form 1 (Revised 02/2009) Pag	e 2
	COMMITTEE ate Committee:	
(a) X		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
Name of Candidate	Ryan A Costello	
Candidate Party Affilia		PA 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	(National, State (Democratic or subordinate) committee of the Republican,	etc.) Party.
Political	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 fu committee. (i.e., nonconnected committee)	ınd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
loint Eur	Indraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more page 1.	oolitical
(9)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	ontioal
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

	FFC Form 1	(Revised 02/2009)	Page 3
V	/rite or Type Comm		r ago o
		STELLO FOR CONGRESS	
6.		nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Р	atriot Day II 2		
Ľ			
L		PO Box 9891	
	Mailing Address	PO Box 9091	
		Arlington VA 22219-1891	
		CITY STATE ZI	IP CODE
	Relationship:	Connected Organization Affiliated Committee X Joint Fundraising Representative Leader	ership PAC Sponsor
' .	Custodian of Rec books and records	cords: Identify by name, address (phone number optional) and position of the person in posses.	ession of committee
	Full Name	LINDA R DEXTER	.
		PO Box 72	
	Mailing Address	1	
		Uwchland PA 19480-0072	2
	Title or Position	CITY STATE ZI	P CODE
	Custodian of Rec	rords Telephone number 484 - 43	3327
3.		e name and address (phone number optional) of the treasurer of the committee; and the name ent (e.g., assistant treasurer).	and address of
		LINDA R DEXTER	
	of Treasurer	IPO Box 72	
	Mailing Address		
		Uwchland PA 19480-0072	
	Title or Position Treasurer	CITY STATE ZII Telephone number 484 - 43	P CODE 7

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Full Name of Designated Agent				
Mailing Address				
		CITY	STATE	ZIP CODE
Title or Position				
			Telephone number	-
Mailing Address	BB&T 1909 K Stree	t NW	DC 12	0003
Mailing Address		t NW	DC 2	0003
Mailing Address	1909 K Stree	t NW	DC 2	0003 ZIP CODE
Mailing Address Name of Bank, E	1909 K Stree			
	1909 K Stree	CITY		
	1909 K Stree Washington Pepository, etc.	CITY	STATE	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı DNB Bank 2 North Church Street Mailing Address 19380 West Chester CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Costello Victory Fund 824 S Milledge Ave Mailing Address Suite 101 GΑ 30605-1332 Athens **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Şuntruşt Bank PO BOX 4418 Mailing Address 30302 GΑ Atlanta CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Rise Project PO Box 2485 Mailing Address Springfield 22152-0485 **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number