Image# 202507039762566017 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	Costello, David, , ,									
	(b) Address (number and street) 41 Sparwell Ln	ck if address	changed		Candidate's FEC Identification Number S4ME00113					
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	Brunswick		ME	04011	1	Stateme	nt (N)	OR	×	A)
4.	Party Affiliation	5. Office Sought			6. State & Dis	rict of Candida	te			
	Dem	Senate			ME	00				
	DE	SIGNATION	OF PRIN	CIPAL	CAMPAIG	N COMMIT	TEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).									
	NOTE: This designation should be f	iled with the appro	priate office	listed in th	ne instructions.					
	(a) Name of Committee (in full)									
	COSTELLO FOR U.	S. SENATE								
	(b) Address (number and street)									
	P.O. BOX 1038									
	(c) City, State, and ZIP Code									
	BRUNSWICK				ME	04011				
8.	DE I hereby authorize the following name	·	uding Joint F	undraising	g Representativ	res)		ıd funds o	n beha	lf of my
	candidacy.	,		71 -11	1 1 1 1	, , ,				,
	NOTE: This designation should be f	led with the princi	pal campaigr	committe	ee.					
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(b) Address (number and street)									
	(b) Address (number and street) (c) City, State, and ZIP Code									
		mined this Statem	ent and to th	e best of r	my knowledge a	and belief it is tr	rue, correct an	d complete	9.	
Si	(c) City, State, and ZIP Code I certify that I have exa	mined this Statem	ent and to th	e best of r	my knowledge a		rue, correct and	d complete	Э.	
	(c) City, State, and ZIP Code I certify that I have exa	mined this Statem	ent and to th	e best of r	ny knowledge a	Date		d complete	э.	
	(c) City, State, and ZIP Code I certify that I have exa	mined this Statem	ent and to th	e best of r	my knowledge a			d complete	g.	
	(c) City, State, and ZIP Code I certify that I have exa	mined this Statem	ent and to th	e best of r	my knowledge a	Date		d complete	9.	
<i>C</i>	(c) City, State, and ZIP Code I certify that I have exa					Date 07/03/2025	5			
<i>C</i>	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate Costello, David, , ,					Date 07/03/2025	5			7g.
<i>C</i>	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate Costello, David, , ,					Date 07/03/2025	5			7g.

FEC FORM 2 (REV. 02/2009)