

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

COSTELLO FOR CONGRESS COMMITTEE

ADDRESS (number and street) ▼

P. O. BOX 8250

Check if different than previously reported. (ACC)

BELLEVILLE

IL

62222

2. **FEC IDENTIFICATION NUMBER** ▼

C C00238444

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

IL

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Shalpin

Signature of Treasurer Mary Shalpin

*[Electronically Filed]*

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**COSTELLO FOR CONGRESS COMMITTEE**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	453157.09
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	17000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	436157.09
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	36000.09	402978.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	48.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36000.09	402929.64
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1851456.03	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**COSTELLO FOR CONGRESS COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	231900.00
(ii) Unitemized .....	0.00	31990.00
(iii) TOTAL of contributions from individuals .....	0.00	263890.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	189267.09
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	453157.09
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	48.58
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	2025.77	20992.14
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	2025.77	474197.81

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36000.09	402978.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	16000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	17000.00
21. OTHER DISBURSEMENTS .....	43919.00	277204.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	79919.09	697182.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1929349.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2025.77
25. SUBTOTAL (add Line 23 and Line 24).....	1931375.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79919.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1851456.03

**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 5 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Bank Of America</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2012	
Mailing Address 23 Public Square		<b>Transaction ID : 20704.C16524</b>	
City Belleville	State IL	Zip Code 62220-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.96	
Name of Employer Occupation Interest		Other Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1659.18	

Full Name (Last, First, Middle Initial) <b>Bank Of America</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012	
Mailing Address 23 Public Square		<b>Transaction ID : 20704.C16525</b>	
City Belleville	State IL	Zip Code 62220-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.98	
Name of Employer Occupation Interest		Other Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1718.16	

Full Name (Last, First, Middle Initial) <b>Bank Of America</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2012	
Mailing Address 23 Public Square		<b>Transaction ID : 20704.C16526</b>	
City Belleville	State IL	Zip Code 62220-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.96	
Name of Employer Occupation Interest		Other Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1779.12	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	178.90
<b>TOTAL</b> 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 6 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Bank Of America</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012	
Mailing Address 23 Public Square		<b>Transaction ID : 20709.C16529</b>	
City Belleville	State IL	Zip Code 62220-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.01	
Name of Employer	Occupation Interest	Other Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1838.13		

Full Name (Last, First, Middle Initial) <b>Duquoin State Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 17 / 2012	
Mailing Address 15 E. Main P. O. Box 468		<b>Transaction ID : 20711.C16536</b>	
City Du Quoin	State IL	Zip Code 62832-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 362.90	
Name of Employer	Occupation Interest	Other Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1418.77		

Full Name (Last, First, Middle Initial) <b>Bank Of Edwardsville</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2012	
Mailing Address 330 W Vandalia St		<b>Transaction ID : 20415.C16513</b>	
City Edwardsville	State IL	Zip Code 62025-1911	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 243.26	
Name of Employer	Occupation Interest	Other Receipt	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5800.88		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	665.17
<b>TOTAL</b> 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 7 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**COSTELLO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Bank Of Edwardsville**

Mailing Address 330 W Vandalia St

City Edwardsville State IL Zip Code 62025-1911

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6017.30**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : 20704.C16528**

Amount of Each Receipt this Period  
**216.42**

Other Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Bank Of Edwardsville**

Mailing Address 330 W Vandalia St

City Edwardsville State IL Zip Code 62025-1911

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6241.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : 20709.C16533**

Amount of Each Receipt this Period  
**224.20**

Other Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Community First Bank**

Mailing Address 4600 North Illinois  
P. O. Box 1983

City Fairview Heights State IL Zip Code 62208-

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2019.24**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2012**

**Transaction ID : 20709.C16534**

Amount of Each Receipt this Period  
**219.91**

Other Receipt

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

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

**660.53**

**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 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Community First Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2012	
Mailing Address 4600 North Illinois P. O. Box 1983		<b>Transaction ID : 20704.C16527</b>	
City Fairview Heights	State IL	Zip Code 62208-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 103.51	
Name of Employer Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Interest Election Cycle-to-Date 2122.75	Other Receipt	

Full Name (Last, First, Middle Initial) <b>B. Community First Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2012	
Mailing Address 4600 North Illinois P. O. Box 1983		<b>Transaction ID : 20709.C16535</b>	
City Fairview Heights	State IL	Zip Code 62208-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 222.71	
Name of Employer Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Interest Election Cycle-to-Date 2345.46	Other Receipt	

Full Name (Last, First, Middle Initial) <b>C. Community First Bank of the Heartland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2012	
Mailing Address 117 North 10th		<b>Transaction ID : 20704.C16520</b>	
City Mount Vernon	State IL	Zip Code 62864-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.19	
Name of Employer Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Interest Election Cycle-to-Date 2904.23	Other Receipt	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	383.41
<b>TOTAL</b> 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 9 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**COSTELLO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Community First Bank of the Heartland**

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2912.79

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : 20704.C16521**

Amount of Each Receipt this Period  
8.56

Other Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Community First Bank of the Heartland**

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2968.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : 20704.C16523**

Amount of Each Receipt this Period  
55.38

Other Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Community First Bank of the Heartland**

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2976.73

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : 20704.C16522**

Amount of Each Receipt this Period  
8.56

Other Receipt

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

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

72.50

**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 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**COSTELLO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Community First Bank of the Heartland**

Mailing Address 117 North 10th

City State Zip Code  
Mount Vernon IL 62864-

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3033.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2012

**Transaction ID : 20709.C16530**

Amount of Each Receipt this Period  
57.25

Other Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Community First Bank of the Heartland**

Mailing Address 117 North 10th

City State Zip Code  
Mount Vernon IL 62864-

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

Name of Employer Occupation Interest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3041.99

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : 20709.C16531**

Amount of Each Receipt this Period  
8.01

Other Receipt

**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).....

65.26

2025.77

**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 11 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. First State Bank of Red Bud</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 115 W. Market		Amount of Each Disbursement this Period 675.00
City Red Bud	State IL	
Zip Code 62278-	Purpose of Disbursement Rent	Transaction ID : 20704.E10905
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)	RENT
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Millstadt Commercial Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 421 Benham Drive		Amount of Each Disbursement this Period 260.00
City Millstadt	State IL	
Zip Code 62260-	Purpose of Disbursement Mis. Advertising	Transaction ID : 20704.E10930
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)	MIS. ADVERTISING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Illinois Director Of Employment Security</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address P. O. Box 19300		Amount of Each Disbursement this Period 87.78
City Springfield	State IL	
Zip Code 62794-9300	Purpose of Disbursement Unemployment Tax	Transaction ID : 20704.E10893
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)	UNEMPLOYMENT TAX
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1022.78
<b>TOTAL</b> 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 12 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Grand Rental Station</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 5612 North Illinois		Amount of Each Disbursement this Period 256.20
City Fairview Heights	State IL	
Zip Code 62208-	Purpose of Disbursement Equipment Rental	Transaction ID : 20704.E10887
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)	EQUIPMENT RENTAL
State: District:		

Full Name (Last, First, Middle Initial) <b>B. East End Lube</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 928 Carlyle Avenue		Amount of Each Disbursement this Period 15.00
City Belleville	State IL	
Zip Code 62221-	Purpose of Disbursement Vehicle Maintenance	Transaction ID : 20704.E10900
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)	VEHICLE MAINTENANCE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rotary Club of Belleville</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 310 East Main St., #4		Amount of Each Disbursement this Period 96.00
City Belleville	State IL	
Zip Code 62220-	Purpose of Disbursement Tickets	Transaction ID : 20709.E10974
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)	TICKETS
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	367.20
<b>TOTAL</b> 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 13 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address PO Box 9001309			Amount of Each Disbursement this Period 41.58
City Louisville	State KY	Zip Code 40290-1309	Transaction ID : 20709.E10963
Purpose of Disbursement Telephone		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Quiznos</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 200 East Main Street			Amount of Each Disbursement this Period 205.00
City Belleville	State IL	Zip Code 62221-	Transaction ID : 20704.E10944
Purpose of Disbursement Meeting Expense		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address P. O. Box 970010			Amount of Each Disbursement this Period 327.70
City St. Louis	State MO	Zip Code 63197-0010	Transaction ID : 20709.E10968
Purpose of Disbursement Social Security - Employee		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SOCIAL SECURITY - EMPLOYEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	574.28
<b>TOTAL</b> 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 14 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Tony Vecera</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1722 Riveria		Amount of Each Disbursement this Period 514.80
City O Fallon	State IL	
Zip Code 62269-	Purpose of Disbursement Payroll	<b>Transaction ID : 20704.E10898</b>
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)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 142.40
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Telephone	<b>Transaction ID : 20709.E10965</b>
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P. O. Box 25505		Amount of Each Disbursement this Period 60.07
City Lehigh Valley	State PA	
Zip Code 18002-	Purpose of Disbursement Telephone	<b>Transaction ID : 20704.E10902</b>
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)	TELEPHONE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	717.27
<b>TOTAL</b> 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 15 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Fraternal Order Of Police</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address Lodge #262 P. O. Box 23424		Amount of Each Disbursement this Period 100.00
City Belleville	State IL	
Zip Code 62223-	Purpose of Disbursement Mis. Advertising	Transaction ID : 20704.E10915
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)	MIS. ADVERTISING
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tony Vecera</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 1722 Riviera		Amount of Each Disbursement this Period 514.80
City O Fallon	State IL	
Zip Code 62269-	Purpose of Disbursement Payroll	Transaction ID : 20704.E10884
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)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 135.23
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Telephone	Transaction ID : 20704.E10947
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)	TELEPHONE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.03
<b>TOTAL</b> 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 16 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Postmaster</b>		M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 120 W Washington St		Amount of Each Disbursement this Period
City Belleville	State IL	Zip Code 62220-9998
Purpose of Disbursement Postage	Category/Type	
Candidate Name	POSTAGE	
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:	Transaction ID : 20704.E10873	
		18.95

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Winning Women</b>		M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 14248 F Manchester Road, #318		Amount of Each Disbursement this Period
City Ballwin	State MO	Zip Code 63011-
Purpose of Disbursement Tickets	Category/Type	
Candidate Name	TICKETS	
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:	Transaction ID : 20704.E10894	
		1500.00

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Internal Revenue Service</b>		M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address P. O. Box 970010		Amount of Each Disbursement this Period
City St. Louis	State MO	Zip Code 63197-0010
Purpose of Disbursement Social Security - Employee	Category/Type	
Candidate Name	SOCIAL SECURITY - EMPLOYEE	
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:	Transaction ID : 20704.E10913	
		327.70

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1846.65
<b>TOTAL</b> 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 17 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Riverbend Head Start &amp; Family Services</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address P. O. Box 250			Amount of Each Disbursement this Period 500.00
City Alton	State IL	Zip Code 62002-	
Purpose of Disbursement Mis. Advertising		Category/ Type	<b>Transaction ID : 20704.E10881</b>
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)		MIS. ADVERTISING
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mary Shalpin</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2012
Mailing Address 18 Morgan Lake Dr			Amount of Each Disbursement this Period 3217.50
City Millstadt	State IL	Zip Code 62260-1757	
Purpose of Disbursement Payroll		Category/ Type	<b>Transaction ID : 20709.E10970</b>
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)		PAYROLL
State: District:			

Full Name (Last, First, Middle Initial) <b>C. First State Bank of Red Bud</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2012
Mailing Address 115 W. Market			Amount of Each Disbursement this Period 675.00
City Red Bud	State IL	Zip Code 62278-	
Purpose of Disbursement Rent		Category/ Type	<b>Transaction ID : 20704.E10888</b>
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)		RENT
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4392.50
<b>TOTAL</b> 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 18 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 151.82
City Louisville	State KY	Zip Code 40290-1309
Purpose of Disbursement Telephone	Category/ Type	
Candidate Name	Transaction ID : 20704.E10952	
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tony Vecera</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1722 Riviera		Amount of Each Disbursement this Period 406.31
City O Fallon	State IL	Zip Code 62269-
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Transaction ID : 20704.E10921	
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)	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 41.50
City Louisville	State KY	Zip Code 40290-1309
Purpose of Disbursement Telephone	Category/ Type	
Candidate Name	Transaction ID : 20704.E10951	
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)	TELEPHONE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	599.63
<b>TOTAL</b> 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 19 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Exchange Club of Belleville</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 404 Sycamore St			Amount of Each Disbursement this Period 80.00
City Belleville	State IL	Zip Code 62220-4052	
Purpose of Disbursement Dues & Membership		Category/ Type	<b>Transaction ID : 20704.E10922</b>
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)		<b>DUES &amp; MEMBERSHIP</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Congressional Fcu</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address PO Box 3322			Amount of Each Disbursement this Period 2139.93
City Oakton	State VA	Zip Code 22124-9322	
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type	<b>Transaction ID : 20704.E10950</b>
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)		<b>CREDIT CARD: SEE BELOW</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 400 First Street SE			Amount of Each Disbursement this Period 219.96
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement Meeting Expense		Category/ Type	<b>Transaction ID : 20710.E10988</b>
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)		<b>[MEMO ITEM] MEMO: MEETING EXPENSE</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2219.93
<b>TOTAL</b> 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 20 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bullfeathers</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 410 1st Street, S.E.		Amount of Each Disbursement this Period 258.63
City Washington State DC Zip Code 20515-	Purpose of Disbursement Meeting Expense	
Candidate Name	Category/Type	<b>Transaction ID : 20710.E10989</b>
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:		

**[MEMO ITEM]**  
MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 25.00
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Data Plan	
Candidate Name	Category/Type	<b>Transaction ID : 20710.E10990</b>
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:		

**[MEMO ITEM]**  
MEMO: DATA PLAN

Full Name (Last, First, Middle Initial) <b>c. Congressional Fcu</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address PO Box 3322		Amount of Each Disbursement this Period 3221.79
City Oakton State VA Zip Code 22124-9322	Purpose of Disbursement CREDIT CARD: SEE BELOW	
Candidate Name	Category/Type	<b>Transaction ID : 20709.E10962</b>
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:		

CREDIT CARD: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3221.79
<b>TOTAL</b> 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 21 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 4700 American Blvd			Amount of Each Disbursement this Period 486.60
City Fort Worth	State TX	Zip Code 76155-	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : 20710.E10991</b>
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)		<b>[MEMO ITEM]</b> MEMO: TRAVEL
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address PO Box 9001309			Amount of Each Disbursement this Period 218.12
City Louisville	State KY	Zip Code 40290-1309	
Purpose of Disbursement Telephone		Category/ Type	<b>Transaction ID : 20704.E10953</b>
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)		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Mary Shalpin</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 18 Morgan Lake Dr			Amount of Each Disbursement this Period 3217.50
City Millstadt	State IL	Zip Code 62260-1757	
Purpose of Disbursement Payroll		Category/ Type	<b>Transaction ID : 20704.E10897</b>
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)		PAYROLL
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3435.62
<b>TOTAL</b> 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 22 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Illinois-American Water Co</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P. O. Box 5127			Amount of Each Disbursement this Period 34.80
City Decatur	State IL	Zip Code 62525-	
Purpose of Disbursement Utilities		Category/ Type	<b>Transaction ID : 20704.E10903</b>
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)		UTILITIES
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Illinois Dept. of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address PO Box 19447			Amount of Each Disbursement this Period 290.00
City Springfield	State IL	Zip Code 62794-9447	
Purpose of Disbursement State W/H		Category/ Type	<b>Transaction ID : 20709.E10966</b>
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 W/H
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Tony Vecera</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 1722 Riveria			Amount of Each Disbursement this Period 266.68
City O Fallon	State IL	Zip Code 62269-	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : 20704.E10885</b>
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)		TRAVEL
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	591.48
<b>TOTAL</b> 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 23 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Congressional Fcu</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address PO Box 3322			Amount of Each Disbursement this Period 1071.30
City Oakton	State VA	Zip Code 22124-9322	Transaction ID : 20711.E10994
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2012
Mailing Address PO Box 9001309			Amount of Each Disbursement this Period 25.00
City Louisville	State KY	Zip Code 40290-1309	Transaction ID : 20711.E10996
Purpose of Disbursement Data Plan		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: DATA PLAN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ameren Illinois</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P. O. Box 66884			Amount of Each Disbursement this Period 107.91
City St. Louis	State MO	Zip Code 63166-	Transaction ID : 20704.E10904
Purpose of Disbursement Utilities		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1179.21
<b>TOTAL</b> 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 24 OF 44			
	<input checked="" type="checkbox"/> 17 <input 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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 3217.50
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Telephone	Transaction ID : 20704.E10949
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 106.07
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Telephone	Transaction ID : 20704.E10954
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mary Shalpin</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 18 Morgan Lake Dr		Amount of Each Disbursement this Period 3456.51
City Millstadt	State IL	
Zip Code 62260-1757	Purpose of Disbursement Payroll	Transaction ID : 20704.E10883
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)	PAYROLL
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3456.51
<b>TOTAL</b> 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 25 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Congressional Fcu</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2012
Mailing Address PO Box 3322		Amount of Each Disbursement this Period 369.68
City Oakton	State VA	
Zip Code 22124-9322	Purpose of Disbursement CREDIT CARD: SEE BELOW	Transaction ID : 20710.E10983
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)	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 25.00
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Data Plan	Transaction ID : 20710.E10984
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)	[MEMO ITEM] MEMO: DATA PLAN
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 5905 N Illinois St		Amount of Each Disbursement this Period 54.04
City Fairview Heights	State IL	
Zip Code 62208-2710	Purpose of Disbursement Office Supplies	Transaction ID : 20710.E10985
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)	[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	369.68
<b>TOTAL</b> 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 26 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 26 Plaza Drive		Amount of Each Disbursement this Period 44.91
City Fairview Heights	State IL	
Zip Code 62208-	Purpose of Disbursement Office Equipment	Transaction ID : 20710.E10986
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)	[MEMO ITEM] MEMO: OFFICE EQUIPMENT
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 25.00
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Data Plan	Transaction ID : 20710.E10987
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)	[MEMO ITEM] MEMO: DATA PLAN
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address P. O. Box 970010		Amount of Each Disbursement this Period 1450.00
City St. Louis	State MO	
Zip Code 63197-0010	Purpose of Disbursement Federal W/H	Transaction ID : 20704.E10911
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)	FEDERAL W/H
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1450.00
<b>TOTAL</b> 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 27 OF 44			
	<input checked="" type="checkbox"/> 17 <input 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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address P. O. Box 970010		Amount of Each Disbursement this Period 443.70
City St. Louis	State MO	
Zip Code 63197-0010	Purpose of Disbursement Social Security - Employer	Transaction ID : 20704.E10919
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)	SOCIAL SECURITY - EMPLOYER
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 941 Charter Commons		Amount of Each Disbursement this Period 129.88
City Chesterfield	State MO	
Zip Code 63017-0609	Purpose of Disbursement Cable/Internet Service	Transaction ID : 20704.E10942
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)	CABLE/INTERNET SERVICE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 41.61
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Telephone	Transaction ID : 20704.E10901
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)	TELEPHONE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	615.19
<b>TOTAL</b> 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 28 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Tony Vecera</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2012
Mailing Address 1722 Riveria		Amount of Each Disbursement this Period 514.80
City O Fallon	State IL	
Zip Code 62269-	Purpose of Disbursement Payroll	<b>Transaction ID : 20704.E10910</b>
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)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Illinois Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 19447		Amount of Each Disbursement this Period 290.00
City Springfield	State IL	
Zip Code 62794-9447	Purpose of Disbursement State W/H	<b>Transaction ID : 20704.E10917</b>
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 W/H
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Exchange Club of Belleville</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 404 Sycamore St		Amount of Each Disbursement this Period 75.00
City Belleville	State IL	
Zip Code 62220-4052	Purpose of Disbursement Mis. Advertising	<b>Transaction ID : 20704.E10882</b>
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)	MIS. ADVERTISING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	879.80
<b>TOTAL</b> 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 29 OF 44			
	<input checked="" type="checkbox"/> 17 <input 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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address P. O. Box 970010		Amount of Each Disbursement this Period 443.70
City St. Louis	State MO	Zip Code 63197-0010
Purpose of Disbursement Social Security - Employer	Transaction ID : 20704.E10912	
Candidate Name	Category/ Type SOCIAL SECURITY - EMPLOYER	
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) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 154.20
City Louisville	State KY	Zip Code 40290-1309
Purpose of Disbursement Telephone	Transaction ID : 20704.E10948	
Candidate Name	Category/ Type TELEPHONE	
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) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address P. O. Box 970010		Amount of Each Disbursement this Period 1450.00
City St. Louis	State MO	Zip Code 63197-0010
Purpose of Disbursement Federal W/H	Transaction ID : 20704.E10918	
Candidate Name	Category/ Type FEDERAL W/H	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2047.90
<b>TOTAL</b> 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 30 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address P. O. Box 25505		Amount of Each Disbursement this Period 125.14
City Lehigh Valley	State PA	
Zip Code 18002-	Purpose of Disbursement Telephone	Transaction ID : 20704.E10886
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Illinois-American Water Co</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address P. O. Box 5127		Amount of Each Disbursement this Period 17.46
City Decatur	State IL	
Zip Code 62525-	Purpose of Disbursement Utilities	Transaction ID : 20704.E10941
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)	UTILITIES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 132.94
City Louisville	State KY	
Zip Code 40290-1309	Purpose of Disbursement Telephone	Transaction ID : 20709.E10961
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)	TELEPHONE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	275.54
<b>TOTAL</b> 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 31 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address Suite 0001		Amount of Each Disbursement this Period 1707.37
City American Express	State IL	
Zip Code 60679-0001	Purpose of Disbursement CREDIT CARD: SEE BELOW	Transaction ID : 20704.E10956
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)	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 550 C. Street SW		Amount of Each Disbursement this Period 1373.97
City Washington	State DC	
Zip Code 20024-	Purpose of Disbursement Travel	Transaction ID : 20710.E10979
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)	[MEMO ITEM] MEMO: TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address P. O. Box 36611		Amount of Each Disbursement this Period 153.80
City Dallas	State TX	
Zip Code 75235-	Purpose of Disbursement Travel	Transaction ID : 20710.E10980
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)	[MEMO ITEM] MEMO: TRAVEL
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1707.37
<b>TOTAL</b> 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 32 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address P. O. Box 36611		Amount of Each Disbursement this Period 179.60
City Dallas	State TX	
Zip Code 75235-	Purpose of Disbursement Travel	Transaction ID : 20710.E10981
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)	[MEMO ITEM] MEMO: TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ameren Illinois</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address P. O. Box 66884		Amount of Each Disbursement this Period 65.12
City St. Louis	State MO	
Zip Code 63166-	Purpose of Disbursement Utilities	Transaction ID : 20709.E10964
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)	UTILITIES
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tony Vecera</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1722 Riveria		Amount of Each Disbursement this Period 144.28
City O Fallon	State IL	
Zip Code 62269-	Purpose of Disbursement Travel	Transaction ID : 20704.E10899
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)	TRAVEL
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	209.40
<b>TOTAL</b> 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 33 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 941 Charter Commons		Amount of Each Disbursement this Period 936.70
City Chesterfield	State MO	
Zip Code 63017-0609	Purpose of Disbursement Cable/Internet Service	CABLE/INTERNET SERVICE
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:		

Full Name (Last, First, Middle Initial) <b>B. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address 941 Charter Commons		Amount of Each Disbursement this Period 129.88
City Chesterfield	State MO	
Zip Code 63017-0609	Purpose of Disbursement Cable/Internet Service	CABLE/INTERNET SERVICE
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:		

Full Name (Last, First, Middle Initial) <b>c. First State Bank of Red Bud</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 115 W. Market		Amount of Each Disbursement this Period 675.00
City Red Bud	State IL	
Zip Code 62278-	Purpose of Disbursement Rent	RENT
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	936.70
<b>TOTAL</b> 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 34 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ameren Illinois</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address P. O. Box 66884			Amount of Each Disbursement this Period 72.23
City St. Louis	State MO	Zip Code 63166-	Transaction ID : 20704.E10878
Purpose of Disbursement Utilities	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		UTILITIES
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address P. O. Box 970010			Amount of Each Disbursement this Period 327.70
City St. Louis	State MO	Zip Code 63197-0010	Transaction ID : 20704.E10920
Purpose of Disbursement Social Security - Employee	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		SOCIAL SECURITY - EMPLOYEE
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. NAACP</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address P. O. Box 1216			Amount of Each Disbursement this Period 200.00
City Alton	State IL	Zip Code 62002-	Transaction ID : 20704.E10895
Purpose of Disbursement Mis. Advertising	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		MIS. ADVERTISING
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	599.93
<b>TOTAL</b> 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 35 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Illinois Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address PO Box 19447		Amount of Each Disbursement this Period 290.00
City Springfield	State IL	
Zip Code 62794-9447	Purpose of Disbursement State W/H	Transaction ID : 20704.E10914
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 W/H
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address P. O. Box 970010		Amount of Each Disbursement this Period 443.70
City St. Louis	State MO	
Zip Code 63197-0010	Purpose of Disbursement Social Security - Employer	Transaction ID : 20709.E10969
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)	SOCIAL SECURITY - EMPLOYER
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address P. O. Box 970010		Amount of Each Disbursement this Period 1450.00
City St. Louis	State MO	
Zip Code 63197-0010	Purpose of Disbursement Federal W/H	Transaction ID : 20709.E10967
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)	FEDERAL W/H
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2183.70
<b>TOTAL</b> This Period (last page this line number only).....	35650.09

**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 36 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Boswell For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address P. O. Box 6220		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10940</b>
City Des Moines	State IA	
Zip Code 50309-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>LEONARD L. BOSWELL</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 03	

Full Name (Last, First, Middle Initial) <b>B. Friends of Cheri Bustos</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address P. O. Box 77		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10925</b>
City East Moline	State IL	
Zip Code 61244-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>CHERI BUSTOS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 17	

Full Name (Last, First, Middle Initial) <b>c. Chandler for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address P. O. Box 12678		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 20709.E10973</b>
City Lexington	State KY	
Zip Code 40583-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>A.B. CHANDLER III</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: KY District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> 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 37 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Gerry Connolly for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 11299 Lee Highway, Suite 2		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10924</b>
City State Zip Code Fairfax VA 22030-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name <b>GERALD E CONNOLLY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) <b>B. Gerry Connolly for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 11299 Lee Highway, Suite 2		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10929</b>
City State Zip Code Fairfax VA 22030-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name <b>GERALD E CONNOLLY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) <b>c. Duckworth for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 5105 Tollview Drive		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10926</b>
City State Zip Code Rolling Meadows IL 60008-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name <b>L. TAMMY DUCKWORTH</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> 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 38 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Citizens For Dunstan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address P. O. Box 121		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 20704.E10935</b>
City Edwardsville	State IL	
Zip Code 62025-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Engel for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address P. O. Box 60		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10955</b>
City Bronx	State NY	
Zip Code 10463-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>ELIOT L. ENGEL</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: NY District: 17	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Enyart For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address P. O. Box 308		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10957</b>
City Belleville	State IL	
Zip Code 62222-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>WILLIAM ENYART</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: IL District: 12	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> 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 39 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Enyart For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address P. O. Box 308		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10958</b>
City Belleville	State IL	
Zip Code 62222-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>WILLIAM ENYART</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 12	

Full Name (Last, First, Middle Initial) <b>B. Bill Foster for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 50 E Street, Se Suite 1		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10927</b>
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>G. WILLIAM FOSTER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 11	

Full Name (Last, First, Middle Initial) <b>c. Illinois Fire Safety Alliance</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address P. O. Box 911		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : 20704.E10945</b>
City Mount Prospect	State IL	
Zip Code 60056-	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4300.00
<b>TOTAL</b> 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 40 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Eddie Bernice Johnson for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 3102 Maple Avenue Suite 605		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10875</b>
City Dallas State TX Zip Code 75201-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name <b>EDDIE BERNICE JOHNSON</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Redistricting Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 700 13th Street, NW Suite 600		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : 20704.E10916</b>
City Washington State DC Zip Code 20005-	Purpose of Disbursement DONATION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Richard Neal For Congress Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address P. O. Box 718		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10931</b>
City Springfield State MA Zip Code 01101-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name <b>RICHARD E NEAL</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11000.00
<b>TOTAL</b> 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 41 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Richard Neal For Congress Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 21 / 2012</b>
Mailing Address P. O. Box 718		Amount of Each Disbursement this Period <b>2000.00</b> Transaction ID : 20704.E10932
City Springfield	State MA	
Zip Code 01101-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>RICHARD E NEAL</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 01	

Full Name (Last, First, Middle Initial) <b>B. Pascrell for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2012</b>
Mailing Address P. O. Box 640		Amount of Each Disbursement this Period <b>2000.00</b> Transaction ID : 20704.E10874
City Totowa	State NJ	
Zip Code 07511-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name <b>WILLIAM J. PASCRELL JR.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 08	

Full Name (Last, First, Middle Initial) <b>c. Perry County Democrat Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2012</b>
Mailing Address 4721 Deer Run Road		Amount of Each Disbursement this Period <b>200.00</b> Transaction ID : 20704.E10880
City Pinckneyville	State IL	
Zip Code 62274-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4200.00</b>
<b>TOTAL</b> 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 42 OF 44	
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Perry County Democrat Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 4721 Deer Run Road		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : 20710.E10978</b>
City Pinckneyville	State IL Zip Code 62274-	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Randolph County Democrats</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address PO Box 62		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : 20704.E10938</b>
City Evansville	State IL Zip Code 62242-	
Purpose of Disbursement MIS. ADVERTISING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Louise Slaughter Re-Election Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address P. O. Box 730		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10943</b>
City Honeoye	State NY Zip Code 14471-	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type	
Candidate Name <b>LOUISE M SLAUGHTER</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 28		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2200.00
<b>TOTAL</b> 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 43 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Smith-Brown Scholarship Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 5102 Laborers Way		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 20704.E10879</b>
City Marion	State IL Zip Code 62959-	
Purpose of Disbursement DONATION	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. St. Lukes St. Vincent de Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 301 N. Church		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : 20704.E10876</b>
City Belleville	State IL Zip Code 62220-	
Purpose of Disbursement DONATION	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tierney for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 49 Federal Street		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10933</b>
City Salem	State MA Zip Code 01970-	
Purpose of Disbursement POLITICAL CONTRIBUTION	Candidate Name <b>JOHN F TIERNEY</b>	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: MA District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3100.00
<b>TOTAL</b> 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 44 OF 44			
	<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)  
**COSTELLO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Committee to Re-Elect Nydia Velazquez</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 20704.E10939</b>
City Gaithersburg State MD Zip Code 20878-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name <b>NYDIA M. VELAZQUEZ</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 12		

Full Name (Last, First, Middle Initial) <b>B.</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		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:		

Full Name (Last, First, Middle Initial) <b>C.</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		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	42300.00