FEC FORM 1

STATEMENT OF ORGANIZATION

1. **NAME OF COMMITTEE (in full)**   (Check if name is changed)   Example: If typing, type over the lines.   12FE4M5

Costello for Congress Committee

ADDRESS (number and street)   2177 Burns St.

(Check if address is changed)

Detroit
CITY

MI
STATE

48214-2850
ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

Costelliocongressfreedomfighter@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

bobcostelloforcongress.com

2. **DATE**   05 / 15 / 2012

3. **FEC IDENTIFICATION NUMBER**   C

4. **IS THIS STATEMENT**   ☒ NEW (N)   OR   ☐ AMENDED (A)

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

Type or Print Name of Treasurer   Dennis R. Costello

Signature of Treasurer   Dennis R. Costello   Date   06 / 04 / 2012

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. **TYPE OF COMMITTEE**

Candidate Committee:

(a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **Bob Costello**

Candidate Party Affiliation **DEM**   Office Sought: ☒ House ☐ Senate ☐ President   State **MI**   District **14**

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation   ☐ Corporation w/o Capital Stock   ☐ Labor Organization

☐ Membership Organization   ☐ Trade Association   ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C_____

2. _____ FEC ID number C_____

3. _____ FEC ID number C_____

4. _____ FEC ID number C_____

Write or Type Committee Name

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6.   Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Nowell Jott Hwils Hime

Mailing Address

| | CITY | STATE | ZIP CODE |

Relationship: ☐ Connected Organization   ☐ Affiliated Committee   ☐ Joint Fundraising Representative   ☐ Leadership PAC Sponsor

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7.   Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name   Treasurer

Mailing Address

| | CITY | STATE | ZIP CODE |

Title or Position

Telephone number

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8.   Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer   Dennis R Costello

Mailing Address   800 Cadieux

Grosse Pointe   MI   48230-

| CITY | STATE | ZIP CODE |

Title or Position   Treasurer

Telephone number   313-720-8637

Full Name of
Designated
Agent   Andrea Hoeflein

Mailing Address   14206 Arlington Dr

~~scribbled out~~

                Royal Oak   MI   48073-_____
                        CITY   STATE   ZIP CODE

Title or Position
Assistant Treasurer   Telephone number   248-877-6577

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents
    safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

                Fifth Third Bank

Mailing Address   3201 E Jefferson

                Detroit   MI   48207-_____
                        CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

                None other at this time

Mailing Address

                        CITY   STATE   ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

		Date of Receipt
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☐	No Postmark	
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	Next Business Day Delivery ☐	
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☐	Received from Electronic Filing Office	**Date of Receipt**
☐	Other (Specify):	**Date of Receipt or Postmarked**

PREPARER

DATE PREPARED   6/11/12

(3/2005)