Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. TERM LIMITS ACTION 50 Monument Road ADDRESS (number and street) Suite 102 (Check if address is changed) Bala Cynwyd 19004 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS bobcostello54@gmail.com (Check if address is changed) Optional Second E-Mail Address habegg@wc-b.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2023 C00688580 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Costello, Robert, , , Type or Print Name of Treasurer Costello, Robert, , , [Electronically Filed] 06 80 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>					
. TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candic	date information below.)					
(b) This committee is an authorized committee, and is NOT a principal cam information below.)	paign committee. (Complete the candidate					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Sen	ate President District					
(c) This committee supports/opposes only one candidate, and is NOT an au	uthorized 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 organ	ization 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 committee. (i.e., nonconnected committee)	I is NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify spon-	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
(g) This committee is an independent expenditure-only political committee (Super PAC).  In addition, this committee is a Lobbyist/Registrant PAC.						
				(h) This committee is a political committee with both contribution and non-co	ontribution accounts (Hybrid PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
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.						
(j) 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.	С					
	C					

l	FEC Form 1 (Revised (	02/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name				
6.	TERM LIMITS  Name of Any Connected C	ACTION Organization, Affiliated Committee,	Joint Fundraising Repre	esentative. or Leaders	hip PAC Sponsor
	NONE	, <b>g</b> am <b>_</b> ation, /timato <b>a</b>	come rumanaioning riopie		p : Ac opense.
	Mailing Address				
		1			[-] [
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	tion Joint Fundraising	Representative	Leadership PAC Sponsor
			_		
7.	Custodian of Records: Iden books and records.	tify by name, address (phone numbe	r optional) and position o	f the person in possess	ion of committee
	Abegg, He	idi, , ,			
	Full Name				
	Mailing Address	1747 Pennsylvania Ave NW			
		Suite 1000			
		Washington		DC 20006	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Attorney		Telephone num	ber 202	785 – 9500
3.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number option assistant treasurer).	al) of the treasurer of the	committee; and the na	me and address of
	Full Name Costello, F	Robert, , ,			
	of Treasurer				
	Mailing Address	PO Box 1971			
		Alexandria		VA 22313	
		CITY ▲		STATE ▲	ZIP CODE ▲
Title or Position ▼					
	Treasurer		Telephone num	ber 847	707 – 9636

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Full Name of Designated Agent	Abegg, Heidi, , ,						
Mailing Address	1747 Pennsylvania Ave NW						
	Suite 1000 Washington	DC	20006				
T., D	CITY A	STATE ▲	ZIP CODE ▲				
Title or Position	rer	one number 202	_   _   _ 785				
Banks or Other safety deposit bo	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, [	Name of Bank, Depository, etc.						
	Bank of America						
Mailing Address	600 N Washington St						
	Alexandria	VA L	22314				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
	Fidelity Investments						
Mailing Address	PO Box 770001						
	Cincinnati	OH	45277-0002				
	CITY A	STATE ▲	ZIP CODE ▲				