**FEC** 

Only

## STATEMENT OF

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**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 30 2024 C00688580 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Costello, Robert, , Date 80 30 2024 Signature of Treasurer Costello, Robert, , , 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

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TYPE OF COMMITTEE:			
Candidate Committee:			
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)		
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate		
Name of Candidate			
Candidate Party Affiliation Office Sought: House Senate Pre	State esident District		
(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 committee. (i.e., nonconnected committee)	ate segregated fund or party		
In addition, this committee is a Lobbyist/Registrant PAC.			
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
(g) X 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-contribution account	nts (Hvbrid PAC).		
In addition, this committee is a Lobbyist/Registrant PAC.	,		
Joint Fundraising Representative:			
(i) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal collects.	·		
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			
1C			

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٧	Write or Type Committee Name				
_	TERM LIMITS A				
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor		
	NONL				
	Mailing Address				
		CITY ▲ STA	TE ▲ ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Rep	resentative Leadership PAC Sponso		
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Abegg, Hei	li, , ,			
		1747 Pennsylvania Ave NW			
	Mailing Address	Suite 1000			
		ı Washington	C 1 20006 1 1		
	Title or Desition —	CITY ▲ STA	TE ▲ ZIP CODE ▲		
	Title or Position ▼  Attorney		202 - 785 - 9500		
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  Costello, Robert, , ,				
	of Treasurer				
	Mailing Address	PO Box 1971			
		Alexandria	/A 22313 –		
		CITY ▲ STA	TE ▲ ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number	847 - 707 - 9636		

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Full Name of Designated Agent Mailing Address	Abegg, Heidi, , ,  1747 Pennsylvania Ave NW  Suite 1000  Washington	DC	20006
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur	er Telephone	number :	202
	<b>Depositories:</b> List all banks or other depositories in which the commetes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	Bank of America  600 N Washington St		
	Alexandria	VA	22314
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Fidelity Investments		
Mailing Address	PO Box 770001		
	Cincinnati	OH	45277-0002
	CITY A	STATE ▲	ZIP CODE ▲