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Ryan Costello for Congress  
PO Box 89  
Phoenixville, PA 19460

*Express Mail*

*original*

Via ~~Fed Ex~~  
Federal Elections Commission  
999 E Street, NW  
Washington, DC 20463

RE: Filing of FEC 1 and FEC 2 Forms: Ryan Costello for Congress (PA-6)

To Whom It May Concern:

Enclosed is one (1) original and one (1) copy of the above-captioned Forms. Please file accordingly and return a time-stamped copy in the enclosed self-addressed, pre-paid postage envelope. Thank you.

Very truly yours,



Andrew F. LaRosa, Treasurer  
Ryan Costello for Congress

Authorized by Ryan Costello for Congress- Paid for by Ryan Costello for Congress,  
Andrew F. LaRosa, CPA, Treasurer

Please note that the Federal Election Commission (FEC) regulations require the collection of certain contributor information. Corporate checks cannot be accepted. All contributions are subject to the prohibitions and limitations of the FEC. Federal contribution limits apply. For details please visit [www.fec.gov](http://www.fec.gov).

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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

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

Ryan Costello for Congress

ADDRESS (number and street) P.O. Box 89

(Check if address is changed) Phoenixville PA 19460

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ryan@ryancostelloforcongress.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL) www.ryancostelloforcongress.com

(Check if address is changed)

2. DATE 08 / 12 / 2009

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 Andrew F. LaRosa

Signature of Treasurer [Signature] Date 08 / 12 / 2009

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.

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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

R | Y | A | N | C | O | S | T | E | L | L | O |

Candidate Party Affiliation

R | E | P

Office Sought:

House

Senate

President

State

P | A

District

0 | 6

- (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

29030144979

Write or Type Committee Name

Ryan Costello for Congress

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

N O N E

Mailing Address

[Empty grid for mailing address]

CITY

STATE

ZIP CODE

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

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

A N D R E W F . L A R O S A

Mailing Address

3 4 7 B R I D G E S T , S U I T E 3 0 0

P H O E N I X V I L L E P A 1 9 4 6 0

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 6 1 0 - 9 3 5 - 9 0 9 5

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

A N D R E W F . L A R O S A

Mailing Address

3 4 7 B R I D G E S T , S U I T E 3 0 0

P H O E N I X V I L L E P A 1 9 4 6 0

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 6 1 0 - 9 3 5 - 9 0 9 5

23030144988

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

HARLEYSVILLE NATIONAL BANK

Mailing Address

601 NORTH POTTSWOWN PIKE

[Empty grid for Mailing Address line 2]

EXTON PA 19341

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

29030144961

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked,  
8/17/09

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*EL*

PREPARER  
(3/2005)

8/18/09

DATE PREPARED

29030144962