Yes No X	et all three tests for	oilities of a spouse or dependent child because they meet	warned" income, or lial e Committee on Ethics	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearmed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No X	Have you excluded	certain other "excepted trusts" need not be disclosed. Have you excluded	ammittee on Ethics and dependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?
	E QUESTIONS	ATION - ANSWER <u>BOTH</u> OF THESE	RUST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
	COMPLETE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHE	THIS FORM INCLUDES OF
Yes X No	n \$5,000 from a r years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No 2	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes X No	arrangement with an the current calendar	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes X No	yg the reporting ugh the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
		QUESTIONS	H OF THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penaity shall individual who files	to 2/2/ 25, 20/8	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee  Employing Office:
U.S. HOUSE OF THE SERVATIVES (Office Use Only)	(Office	v 6, 2018 Check if Amendment	te: Fbrida trid: 6 18, 2018 and Nov 6, 2018	New Member of or Candidate for Sta  U.S. House of Representatives Dis  Candidates – Date of Election:
18 MAY -7 PM 12: 34		Daytime Telephone:	Daytime	Name: Fredrick William Costello
APR 26 2018 Page 1 of 6	APR 26	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
	- -			

## SCHEDULE A - ASSETS & "UNEARNED INCOMI

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Retirement Plan	Orwand Boat 52	Hondorson Rd (10+)	Fargo (Savings)	ABC Hedge Fund ×	Simon & Sorkuster	Mega Corp Stock	sease refer to the instruction boolder.	If you so choose, you may indicate that an asset or income source is that or your apouse (SP) or dependent child (DC), or jointly haid with anyone (JT), in the optional column on the far left.	you report a privately-traded fund that is an xxxxpted investment Fund, please check the "EIF ox.	brolude: Your personal residence, including second comes and vacation homes (unless there was retrial comes during the reporting period); and any financial trainest in, or income derived from, a federal etirement program, including the Truft Savings Plan	a privately-hold busine state the name of this activities, and A.	For rental and other real property hald for investment, provide a complete address or description, e.g., rental property," and a city and state.	or bank and order cash accounts, som the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	(01(4) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	TOWNED COMPUTER NAMES OF STOCKS AND MALICIAI NAMES (OF NOT USE O'MY BICKER SYMBOLS).	78.87.	and (b) any other reportable asset or source of income which generated more than \$200 in "unearned"	dentity (a) each asset held for investment or roduction of income and with a fair market value succeding \$1,000 at the end of the reporting period.	Assets and/or income Sources	BLOCK A
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Name: Fredrick William Costello Page 3 of 6

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Use additional sheets if more space is required.

### SCHEDULE C - EARNED INCOME

Name: Fredrick William Costello Page 4 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer
and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for
Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for
professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

						Prs. Costallo + Orake	Civil War Roundhable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honoraria)	
					1	Salary	Spouse Speech Spouse Salary	Honorarium Seiary	Туре	
						\$ 30,000	SO N/A	\$20,000	Filing	An
						\$129,145	\$1,000 N/A	\$500 \$76,000	Prec	Amount

#### SCHEDULE D - LIABILITIES

Name: Fredrick William Costello Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

				DC, JT		
		,	Example			
	•	n/A	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
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				Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or officer business enterprise, nonprofit organization, labor organization, or educational or officer institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or or officer states and companies and positions of other institution of the United States. Exclude: Positions held in the reporting profit and entities (such as profit organizations) and positions obely of international transfer and the current calendar year.

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
Partner	West Medow Properties, LLC
Partner /VP	Carino Holdings, LLC
,	

#### SCHEDULE F - AGREEMENTS

Name: Fredrick William Costullo Page 6 of 6

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

		, ,	3/H/h	Date
		/	3/14/18 Or Dan Orake/Drs Costello + Drake/me	Parties to Agreement
			Employment Agreement	Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by taw. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Drs Costello + Drake	Dentistry
Ormand Beach, FL	