₹	Yes	ependent child	oilities of a spouse or de Committee on Ethics.	e, transactions, or liat irst consulted with the	arned" incom ss you have fi	t any other assets, "une o not answer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, 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.	EXEMPTION— because they me
8 ⊠	Yes	ot be	excepted trusts" need no	cs and certain other "or spouse, or a depend	nittee on Ethi	approved by the Comr	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Detai disclosed. Have
<u>N</u>	QUESTION	OF THESE (ANSWER EACH OF THESE QUESTIONS	l l	T INFOR	DENT, OR TRUS	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION
	esponse.	each "Yes" r	dule attached for each "Yes" response	and the appropriate schedu	d and the a	must be answered	Each question in this part must be answered	.
<u>₹</u>	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive compensation of ra single source in the two prior years? If yes, complete and attach Schedul	No	eport· od? Yes X	II. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? f yes, complete and attach Schedule III.	ll. Did you, your s ble liability (more f yes, complete a
₹	Yes	rangement	eportable agreement or arrangement attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	No 🗌	earned" any period? Yes	 Did you, your spouse, or a dependent child receive "unearned" ncome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period? f yes, complete and attach Schedule II. 	 Did you, your spaces Did you, your spaces Did you, your spaces Did you, your spaces Did your spa
No U	Yes	pefore the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any not filing in the current of filing in the current of fives, complete and	N _S	aries or Yes	Did you or your spouse have "earned" income (e.g., salaries or ees) of \$200 or more from any source in the reporting period?	. Did you or your a ees) of \$200 or mo
			(<i>0</i>)	E QUESTIONS	OF THES	ANSWER EACH OF THESE QUESTIONS	RELIMINARY INFORMATION — ANSW	RELIMINA
	0 days late.	more than 30 days late				Employing Office:	employee E	
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files	A \$200 pena against any	Check if Amendment	n: 11[4]14	Date of Election:	State: Pannsylvanio	the resentatives	Filer
	(Office Use Only)	$\mathcal{W}_{\mathcal{C}}$						
	DEFICE DOTAG CLERK HOUSE OF REPRESENTATIVES	OFFICE D. T.		Daytime Telephone:	Daytime		Ryan A. Costello	Name: R
Page 1 of (OUNCE CENTES	1014 APR 23	B id new employees	FORM		PRESENTATIVES	JNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, એવાર્ગ - March 3 એવાર્ય	JNITED STA

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

	Name
	Ryan
	A.
	Costello
	Page
I	Page 2 of
I	of

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a 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	etirement programs, and benefits	benefits received under the Social Security Act. Amount	Security Act.
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
7	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
County of Chester, Pennsylvania	Salary	22,000	# 79,000
Law Offices of O'Donnell, Whiss; Matter, P.C.	Salory	30,000	* 103,000
Senate Republican Compular Committee	Spouse, Salary	NA	NA
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County of Chushu 457(b)	- Principal Global Muestury 67A	- Principal (Slobal Investors/	- Principal Global/Borrow Honley	-Columbus likele houseus Lugelap	Principal Financial Group 401(K)	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
	×	×	×	*		×	Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 - \$50,000,000	000	A B C D E F G H	*This column is for assets solely held by your spouse or dependent child.	-	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
	X	×	×	×		×	Royatties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUS TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Inco	Т		during the reporting period.	if reinvested, must be dis- closed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest and capital pains area.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeferred income (such as 401(k)	Type of Income	BLOCK C
		×	×	×			×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$2,000,000 Spouse/DC Income over \$2,000,000 Spouse/DC Income over \$2,000,000	\$1,000,000*	Current Year Preceding Year		spouse or dependent child.	=	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D

Continuation Sheet (if needed SCHEDULE II — ASSETS AND "UNEARNED" INCOME SP Ę, 8 Vorgrand Growth Index FD Signal Vesidential Rul Syster, West Chaser, 14 Vanguard Emerging Marters Industing Vanyvard Lauge Cap ladex Signal Vanguard Small Cap Index-Signal Vanguard European Stock looking FD Busyard Mid Cop Growth Index Parisburtial Real State, East Union 191 Residential Real Estate, Spring City, RA Vanguard Mid-Cap Index Signal Varyund Tutal International Index Signal Sta Residential Rail State, Potstown, PA Vougrand Small Cap (Sewith Index Asset and/or Income Source BLOCK A None ⋗ \$1 - \$1,000 8 $\overline{\mathsf{x}}$ <u>~</u> <u>又</u> ~ $\overline{\prec}$ C × \$1,001 - \$15,000 **/** \$15,001 - \$50,000 O Value of Asset m \$50,001 - \$100,000 BLOCK B Ŧì \$100,001 - \$250,000 G \$250,001 - \$500,000 ĭ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of Income 又 × $\overline{\times}$ RENT **INTEREST** BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED **×** Other Type of Income--(Specify: e.g. Partnership Income or Farm Income) × \times >< **×** None \$1 - \$200 \$201 - \$1,000 = Kyan A. Costello \$1,001 - \$2,500 Current Year \$2,501 - \$5,000 × ${f x}$ × \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 × BLOCK D ¥ Spouse/DC Income over \$1,000,000 $\overline{\mathsf{x}}$ × × None \$1 - \$200 \$201 -- \$1,000 XI IIV V VI VIIVIII IX **Preceding Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 X \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 0 × \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000°

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SCHEDULE III — LIABILITIES

Name Ryan A. Costello

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

							Αn	Amount of Liability	of Liak	ility			
JT C, SP,	Creditor	Date Liability Incurred mo/year	Type of Liability	0,001— 5,000 >	0,000	00,000 C	50,001— 600,000 m	00,001— ,000,000	,000,000 ,000,000	5,000,001— 5,000,000 エ	5,000,001	/er 0,000,000 C	oouse/DC ability over ス .000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			Н							
	First Ningra Bonk		mortgage on Pathstown, PA populy		~	<u> </u>							
	First Niagra Bank		mortgage on East Vincent, PA property			×							
	Physnixville Federal Bank & Trust		mortgage on Spring City, PA paperty			×	`						
	Phoenixuille Federal Bank's Trust		murtyage on West Chaster, PA property				×						

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organizations
Board Member	oPhoenixville Hospital Board of Directors @ Chester County Sconnic Development Council Ollist Chester BID
Board Member	Chester County Industrial Development Authority (3) Transportation Management Assoc. of Chester County
Board Member	County Communicated Assoc of Pennsylvania (1) Human Services Committees (2) Community's Scoronic Development (3) Obtered Comparisation
Managing Newber	
Co-Chairman	Vista 2025 Committee

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

Name Ryan A. Costello

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			Date	identify the date, service; continua efit plan maintair
		WA	Parties To	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emplo service; continuation or deferral of payments by a former or current employer other than the U.S. Government efft plan maintained by a former employer.
		N/A	Terms of Agreement	identify the date, parties to, and general terms of any agreement or arrangement 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 employer.

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 law. Do not repeat information listed on Schedule I.

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Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	NA

GPO: 2013

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