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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006		FORM A Page 1 of 6 For use by Members, officers, and employees	
JERRY F. COSTELLO (Full Name)			
2608 PRO TOUR DR BELLEVILLE, IL 62220 (Mailing Address)		WILLIAM B. SCHALTENBRAND 618-398-4173 Daytime Telephone:	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative State: <u>IL</u> District: <u>12</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

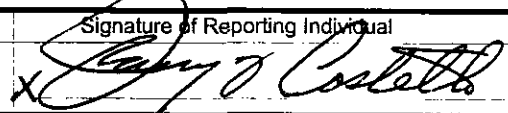
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Signature of Reporting Individual 	Date (Month, Day, Year) 5/12/07
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SCHEDULE I - EARNED INCOME

Name JERRY F. COSTELLO

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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 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.

Source	Type	Amount
ST. CLAIR COUNTY EDUCATION COOP BOARD	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JERRY F. COSTELLO

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source 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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.		Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	WEST POINTE BANCORP, INC. STOCK-IRA	None	DIVIDENDS/CAPITAL GAINS	\$50,001 - \$100,000	S
SP	WEST POINTE BANCORP, INC. STOCK-IRA	None	DIVIDENDS/CAPITAL GAINS	\$50,001 - \$100,000	S
	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JERRY F. COSTELLO

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	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
	OLIN CORP NEW-STOCK-IRA	\$1,001 - \$15,000	DIVIDENDS	NONE	P
SP	OLIN CORP NEW-STOCK-IRA	\$1,001 - \$15,000	DIVIDENDS	NONE	P
	AMERICAN NAT'L BK OF MN CTF DEP BOND-IRA	\$15,001 - \$50,000	INTEREST	NONE	P
SP	CELTIC BK-SALT LAKE CITY, UT CTF DEP BOND-IRA	\$15,001 - \$50,000	INTEREST	NONE	P
	ALLIANCBERNSTEIN INT'L VALUE FD-CL-A-IRA	\$15,001 - \$50,000	DIVIDENDS	NONE	P
SP	ALLIANCEBERNSTEIN INT'L VALUE FD-CL-A-IRA	\$15,001 - \$50,000	DIVIDENDS	NONE	P
	HILLARD-LYONS GOVT M/M FUND-IRA	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
SP	HILLIARD-LYONS GOVT M/M FUND-IRA	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	CONGRESSIONAL FEDERAL CREDIT UNION	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	STATE OF ILLINOIS (ILLINOIS MUNICIPAL RETIREMENT FUND)	\$15,001 - \$50,000	ILLINOIS RETIREMENT	\$5,001 - \$15,000 PENSION	
SP	STATE OF ILLINOIS	DEFINED BENEFIT PLAN	ILLINOIS TEACHER'S RETIREMENT	\$5,001 - \$15,000 PENSION	

SCHEDULE IV - TRANSACTIONS

Name JERRY F. COSTELLO

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	WEST POINTE BANCORP, INC. STOCK-IRA	S	9-20-06	\$100,001 - \$250,000
SP	WEST POINTE BANCORP, INC. STOCK-IRA	S	9-20-06	\$100,001 - \$250,000
	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	P	03-08-06 12-21-06	\$1,001 - \$15,000
SP	HANCOCK JOHN BANK & THRIFT OPPORTUNITY FUND-IRA	P	03-08-06 12-21-06	\$1,001 - \$15,000
	OLIN CORP NEW-STOCK-IRA	P	12-21-06	\$1,001 - \$15,000
SP	OLIN CORP NEW-STOCK-IRA	P	12-21-06	\$1,001 - \$15,000
	AMERICAN NAT'L BK OF MN CTF DEP BOND-IRA	P	12-20-06	\$15,001 - \$50,000
SP	CELTIC BK-SAL LAKE CITY, UT CTF DEP BOND-IRA	P	12-20-06	\$15,001 - \$50,000
	ALLIANCEBERNSTEIN INT'L VALUE FD-CL-A-IRA	P	12-20-06	\$15,001 - \$50,000
SP	ALLIANCEBERNSTEIN INT'L VALUE FD-CL-A-IRA	P	12-20-06	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name JERRY F. 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 year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	COMMERCE BANK, BELLEVILLE, IL	PERSONAL LOAN	\$15,001 - \$50,000