

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Cormick Lynch for Congress

ADDRESS (number and street)

PO Box 709

Check if different than previously reported. (ACC)

Newport

RI

02840

2. FEC IDENTIFICATION NUMBER

C C00563197

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

RI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

09

09

2014

in the State of

RI

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2014

through

08

20

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Springer

Signature of Treasurer Richard Springer

[Electronically Filed]

Date

08

28

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Cormick Lynch for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2950.00	9920.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2950.00	9920.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1541.51	4856.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	35.00	35.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1506.51	4821.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5348.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2052.10	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Cormick Lynch for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	7950.00
(ii) Unitemized.....	450.00	1870.00
(iii) TOTAL of contributions from individuals ▶	2950.00	9820.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2950.00	9920.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	250.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	250.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	35.00	35.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2985.00	10205.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1541.51	4856.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1541.51	4856.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3904.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2985.00
25. SUBTOTAL (add Line 23 and Line 24).....	6889.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1541.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5348.14

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

A. Full Name (Last, First, Middle Initial)
Eileen Baldwin

Mailing Address 42 Pinnacle Mountain Road

City State Zip Code
Simsbury CT 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Robinson & Cole Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Kevin Barrett

Mailing Address 132 Dockside Circle

City State Zip Code
Weston FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Altegra Health, Inc. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
1600.00

C. Full Name (Last, First, Middle Initial)
Carlyle Hill

Mailing Address 20295 State Highway IW

City State Zip Code
Ada OK 74820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
C & C Cattle Company Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

2500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

Full Name (Last, First, Middle Initial) A. Facebook, Inc.		Date of Disbursement MM / DD / YYYY 08 / 02 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 349.01 Transaction ID : SB17.4252
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Advertising	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cormick Lynch		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4264
City Newport	State RI Zip Code 02840	
Purpose of Disbursement SEE MEMO ITEM	Category/Type 001	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 01		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 320 Thames Street Suite 1		Amount of Each Disbursement this Period 19.99 Transaction ID : SB17.4256
City Newport	State RI Zip Code 02840	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1169.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

Full Name (Last, First, Middle Initial) A. Willa Kammerer, LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 216 East 90th Street Suite 4FE			Amount of Each Disbursement this Period 800.00	
City New York	State NY	Zip Code 10128	Transaction ID : SB17.4262	
Purpose of Disbursement Website Maintenance		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	1169.00

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4224

Cormick Lynch for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Cormick Lynch

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 709

City State ZIP Code
Newport RI 02840

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

TERMS

Date Incurred: M 03 / D 31 / Y 2014
 Date Due: M M / D D / ONDEMAND
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	250.00
TOTALS This Period (last page in this line only).....	▶	250.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 9
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Cormick Lynch for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Financial Services	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844	
City State Zip Code Bethesda MD 20824	

Outstanding Balance Beginning This Period 625.00	Transaction ID : SD10.4130	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 625.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Financial Services	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844	
City State Zip Code Bethesda MD 20824	

Outstanding Balance Beginning This Period 1177.10	Transaction ID : SD10.4132	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1177.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cormick Lynch	Nature of Debt (Purpose): Website Development
Mailing Address PO Box 709	
City State Zip Code Newport RI 02840	

Outstanding Balance Beginning This Period 800.00	Transaction ID : SD10.4222	
Amount Incurred This Period 0.00	Payment This Period 800.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	1802.10
2) TOTALS This Period (last page this line number only)	1802.10
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	250.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	2052.10