

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.
Cormick Lynch for Congress

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT

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:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 03 / 31 / 2014 through 06 / 30 / 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

Signature of Treasurer [Electronically Filed] Date 07 / 15 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cormick Lynch for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 31 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	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))....	6970.00	6970.00
(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)).....	6970.00	6970.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3315.35	3315.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3315.35	3315.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3904.65	
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).....	2852.10	

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).....	5450.00	5450.00
(ii) Unitemized.....	1420.00	1420.00
(iii) TOTAL of contributions from individuals ▶	6870.00	6870.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6970.00	6970.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	250.00	250.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	250.00	250.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	7220.00	7220.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3315.35	3315.35
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) ►	3315.35	3315.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7220.00
25. SUBTOTAL (add Line 23 and Line 24).....	7220.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3315.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3904.65

**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 15
	<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	

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NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

A. Full Name (Last, First, Middle Initial)
Lynda Adams-Robitaille

Mailing Address 22 Annette Drive

City Portsmouth State RI Zip Code 02871

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
250.00

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

Mailing Address 132 Dockside Circle

City Weston State FL Zip Code 33327

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

Name of Employer Information Requested Occupation Information Requested
Altegra Health, Inc. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Justin Denaro

Mailing Address Information Requested

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
300.00

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

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

1550.00

**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 6 OF 15
	<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	

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NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

A. Full Name (Last, First, Middle Initial)
Mary Hartman

Mailing Address 3 Gristmill Lane

City Richmond State VA Zip Code 02892

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Taylor Kirschner

Mailing Address 82-65 88th Place
2nd Floor

City Glendale State NY Zip Code 11385

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

Name of Employer Information Requested Occupation Information Requested
 Fire Department City of NY Fireman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
James Mahoney

Mailing Address 491 Main Street

City Rowley State MA Zip Code 01969

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
 400.00

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

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

1900.00

**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 7 OF 15
	<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	

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NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

A. Full Name (Last, First, Middle Initial)
J. William Middendorf II

Mailing Address PO Box 1037

City Little Compton State RI Zip Code 02837

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Stephen C. Tetzner

Mailing Address 220 Smith Street

City Providence State RI Zip Code 02908

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Anthony J. Vitone

Mailing Address 409 Glen Hill Drive

City Saunderstown State RI Zip Code 02874

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 06 / 2014

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
 500.00

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

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

2000.00

5450.00

**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 8 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

A. Full Name (Last, First, Middle Initial)
Committee to Elect Doreen Costa

Mailing Address 39 Dyer Avenue

City North Kingstown State RI Zip Code 02852

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11C.4103

Amount of Each Receipt this Period
 100.00

Federally Permissible Funds

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

100.00

**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 9 OF 15
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cormick Lynch for Congress

A. Full Name (Last, First, Middle Initial)
Cormick Lynch

Mailing Address PO Box 709

City Newport State RI Zip Code 02840

FEC ID number of contributing federal political committee. **C** H4RI01125

Name of Employer Candidate for US Congress Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA13A.4224

Amount of Each Receipt this Period
250.00

PERSONAL LOAN

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

250.00

**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 10 OF 15			
	<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 M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 105.29 Transaction ID : SB17.4190
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. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 250.20 Transaction ID : SB17.4199
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) c. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 101.92 Transaction ID : SB17.4203
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:	

SUBTOTAL of Disbursements This Page (optional).....	457.41
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 11 OF 15			
	<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. PrintShops, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 70 Cliff Street		Amount of Each Disbursement this Period 883.82
City East Greenwich	State RI	
Zip Code 02818	Purpose of Disbursement Printing	Transaction ID : SB17.4195
Candidate Name	003 Category/ Type	
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. PrintShops, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 70 Cliff Street		Amount of Each Disbursement this Period 74.90
City East Greenwich	State RI	
Zip Code 02818	Purpose of Disbursement Printing	Transaction ID : SB17.4209
Candidate Name	003 Category/ Type	
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) c. The Hotel Viking		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1 Bellevue Avenue		Amount of Each Disbursement this Period 300.00
City Newport	State RI	
Zip Code 02840	Purpose of Disbursement Lodging	Transaction ID : SB17.4179
Candidate Name	002 Category/ Type	
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).....	1258.72
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 12 OF 15			
	<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. The Hotel Viking		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1 Bellevue Avenue		Amount of Each Disbursement this Period 344.80
City Newport	State RI	
Purpose of Disbursement Lodging	Zip Code 02840	
Candidate Name	Category/ Type 002	
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. The Hotel Viking		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1 Bellevue Avenue		Amount of Each Disbursement this Period 344.80
City Newport	State RI	
Purpose of Disbursement Lodging	Zip Code 02840	
Candidate Name	Category/ Type 002	
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) c. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 320 Thames Street Suite 1		Amount of Each Disbursement this Period 98.00
City Newport	State RI	
Purpose of Disbursement Postage	Zip Code 02840	
Candidate Name	Category/ Type 001	
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).....	787.60
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 13 OF 15	
	<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 05 / 27 / 2014
Mailing Address 216 East 90th Street Suite 4FE		Amount of Each Disbursement this Period 275.00
City New York State NY Zip Code 10128	Purpose of Disbursement Website Development Candidate Name Category/Type 001	
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:	Transaction ID : SB17.4201

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 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	2778.73

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

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

TERMS

Date Incurred

M 03 / D 31 / Y 2014 Y

Date Due

M M / D D / ONDEMAND Y Y Y Y

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 15 OF 15
	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 0.00	Transaction ID : SD10.4130	
Amount Incurred This Period 625.00	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 0.00	Transaction ID : SD10.4132	
Amount Incurred This Period 1177.10	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 0.00	Transaction ID : SD10.4222	
Amount Incurred This Period 800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

1) SUBTOTALS This Period This Page (optional)	2602.10
2) TOTALS This Period (last page this line number only)	2602.10
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) ▶	2852.10