

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 APR 14 PM 12:35

Office Use Only LEGISLATIVE CENTER

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

FRANK LYNN FOR CONGRESS INC

ADDRESS (number and street)

106 PINEVIEW RD

Check if different than previously reported. (ACC)

JUPITER FL 33469-3114

2. FEC IDENTIFICATION NUMBER

00560953

CITY STATE ZIP CODE STATE DISTRICT IS THIS REPORT NEW OR AMENDED

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 MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

07/07/2014 through 03/31/2014

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 FRANK LYNN

Signature of Treasurer [Handwritten Signature]

Date 04/09/2014

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

Table with 10 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

14031212474

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

FRANK LYNCH FOR CONGRESS INC.

Report Covering the Period: From:

07 07 2014

To:

03 31 2014

14031212475

	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))	0.00	0.00
(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))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	75.90	75.90
(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))	75.90	75.90
8. Cash on Hand at Close of Reporting Period (from Line 27)	9,924.10	
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)	10,000.00	

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)

Page 3

Write or Type Committee Name

FRANK LYNN FOR CONGRESS INC

Report Covering the Period: From:

01 01 2014

To:

03 31 2014

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).....

0

0

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions from individuals ▶

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0

0

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

10,000.00

10,000.00

(b) All Other Loans.....

0

0

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

10,000.00

10,000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10,000.00

10,000.00

14031212476

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

75.90

75.90

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

0.

0.

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate.....

0

0

(b) Of All Other Loans.....

0

0

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0

0

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees.....

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees
(such as PACs).....

0

0

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0

0

21. OTHER DISBURSEMENTS.....

0

0

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

75.90

75.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

10,000.00

25. SUBTOTAL (add Line 23 and Line 24).....

10,000.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

75.90

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

9,924.10

14031212477

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

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)
FRANK LYNCH FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. Mailing Address
City State Zip Code **VA**

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

B. Mailing Address
City State Zip Code

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C. Mailing Address
City State Zip Code

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)
Election Cycle-to-Date

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

Amount of Each Receipt this Period **0**

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

Amount of Each Receipt this Period **0**

14031212478

**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 OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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)

FRANK LYNCH FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. LYNCH FRANK

Mailing Address: **106 PINEVIEW RD**

City: **JUPITER** State: **FL** Zip Code: **33469-3114**

Purpose of Disbursement: **STATE INCORPORATION FEE** Category/Type: **001**

Candidate Name: **FRANK LYNCH**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **18**

Date of Disbursement

03 / 31 / 2014

Amount of Each Disbursement this Period

70.00

B. 45 POST OFFICE

Mailing Address: **ALYRIA**

City: **TEQUILA** State: **FL** Zip Code: **33469**

Purpose of Disbursement: **FEC FILING POSTAGE** Category/Type: **001**

Candidate Name: **FRANK LYNCH**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **18**

Date of Disbursement

03 / 31 / 2014

Amount of Each Disbursement this Period

5.90

C.

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

75.90

75.90

14031212479

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	13a
	<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)
FRANK LYNCH FOR CONGRESS INC

LOAN SOURCE Full Name (Last, First, Middle Initial)
LYNCH FRANK TRUST UAD 8/2/97

Mailing Address
106 PINVIEW RD

Election:
 Primary
 General
 Other (specify) ▼

City State ZIP Code
JUPITER FL 33469-3114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000000 000 1000000

TERMS Date Incurred Date Due Interest Rate Secured:
03 31 2014 09 31 2015 6.00 % (apr) 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶ **1000000**

TOTALS This Period (last page in this line only) ▶ **1000000**

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

14031212480

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) FRANK LYNCH FOR CONGRESS INC	FEC IDENTIFICATION NUMBER C 00560953
--	--

LENDING INSTITUTION (LENDER) Full Name AAA	Amount of Loan _____	Interest Rate (APR) _____ %
---	-------------------------	--------------------------------

Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y Y Y	Date Due M M / D D / Y Y Y Y Y Y
City _____ State _____ Zip Code _____		

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: M M / D D / Y Y Y Y Y Y

Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE M M / D D / Y Y Y Y Y Y
---	---------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	DATE M M / D D / Y Y Y Y Y Y
Title _____	

14031212481

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
FRANK LYNCH FOR CONGRESS INC

14031212482

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

NA

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text" value="10000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="10000.00"/>

14031212483

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY[®] ★ MAIL ★

 DATE OF DELIVERY SPECIFIED*

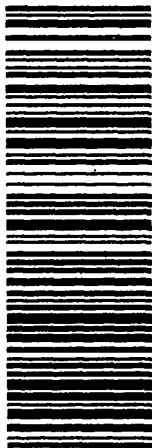
 USPS TRACKING™ INCLUDED*

 INSURANCE INCLUDED*

 PICKUP AVAILABLE
 UNITED STATES
POSTAL SERVICE[®]

* Dom

USPS TRACKING #



9114 9012 3080 3035 8586 46

WHEN USED II
A CUSTOMER
LABEL MAY

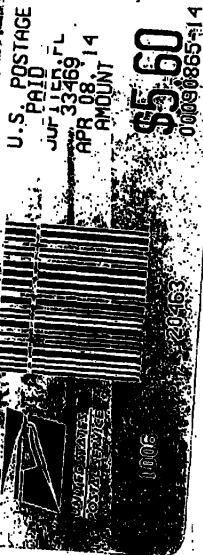
Label 400 Jan. 2013
759D-16-000-7948

FROM:

*FBI/DOJ WANEU
1067 Inverness Rd
Jupiter FL 33469-3114*

TO:

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



\$5.60

RECEIVED
2014 APR 14 PM 12
FEC MAIL CEN



VISIT US AT USPS.COM[®]
ORDER FREE SUPPLIES ONLINE



EP14F July 2013
OD: 12.5 x 9.5

PS00001000014

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

14031212484

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 4/8/14
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ARJ
 PREPARER

4/14/14
 DATE PREPARED