

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
Eric Lynn for Congress

ADDRESS (number and street) 200 18th Ave N
 Check if different than previously reported. (ACC) St Petersburg FL 33704

2. **FEC IDENTIFICATION NUMBER** C C00575233 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) FL 13

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y 06 / 30 / 2016

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 David Wein

Signature of Treasurer David Wein *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2016

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
Eric Lynn 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))....	14445.57	767379.36
(b) Total Contribution Refunds (from Line 20(d))	81600.00	81600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-67154.43	685779.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33134.29	161298.20
(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)).....	33134.29	161298.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	273481.16	
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).....	0.00	

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)

Write or Type Committee Name

Eric Lynn 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).....	9839.00	696887.90
(ii) Unitemized.....	2106.57	52991.46
(iii) TOTAL of contributions from individuals ▶	11945.57	749879.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	17500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14445.57	767379.36
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	14445.57	767379.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33134.29	161298.20
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	79600.00	79600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	81600.00	81600.00
21. OTHER DISBURSEMENTS	251000.00	251000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	365734.29	493898.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	624769.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14445.57
25. SUBTOTAL (add Line 23 and Line 24).....	639215.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	365734.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	273481.16

**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 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Peter Rudy Wallace

Mailing Address 416 Brightwaters Blvd NE
BE

City State Zip Code
St Petersburg FL 33704-3712

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

Name of Employer Occupation
Skelton, Willis & Wallace, Llp Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : VPFF8HBX320

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jack A Goldfarb

Mailing Address 9524 123rd Way

City State Zip Code
Seminole FL 33772-2037

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

Name of Employer Occupation
Construction Aggregates Corp. Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2016

Transaction ID : VPFF8HDJVM0

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : VPFF8HDJVM0E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Arlen D Dominek

Mailing Address 50 East Rd
Apt 2G

City Delray Beach State FL Zip Code 33483-7036

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

Name of Employer Peer Consulting Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2016

Transaction ID : VPFF8HBX9P0

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : VPFF8HBX9P0E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Alfredo J Balsera

Mailing Address 2020 Ponce De Leon Blvd
Ste 1003

City Coral Gables State FL Zip Code 33134-4474

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

Name of Employer Balsera Communications Occupation Media Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : VPFF8HBX9V0

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : VPFF8HBX9V0E

Amount of Each Receipt this Period

1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Jill M. Ogden

Mailing Address **1718 Follow Thru Rd N**

City **Saint Petersburg** State **FL** Zip Code **33710-3722**

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

Name of Employer **Self** Occupation **Consultant**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : VPFF8HJNHV0

Amount of Each Receipt this Period

50.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : VPFF8HJNHV0E

Amount of Each Receipt this Period

50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

50.00

**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 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Paul Hsu

Mailing Address 130 72nd St N

City Saint Petersburg State FL Zip Code 33710-7553

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

Name of Employer Champ-East Occupation Real Estate Investment

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2016

Transaction ID : VPFF8HDJVR1

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : VPFF8HDJVR1E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 620 Drew St

City Clearwater State FL Zip Code 33755-4108

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

Name of Employer Creative Contractors, Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : VPFF8HDJV02

Amount of Each Receipt this Period
300.00

Memo Item

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 9 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Jerry Dyas

Mailing Address 410 Magnolia Dr

City State Zip Code
Clearwater FL 33756-3838

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

Name of Employer Occupation
Fieldlocate Fieldaware

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : VPFF8HJNH72

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : VPFF8HJNH72E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Jill M. Ogden

Mailing Address 1718 Follow Thru Rd N

City State Zip Code
Saint Petersburg FL 33710-3722

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

Name of Employer Occupation
Self Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2016

Transaction ID : VPFF8HDJVE2

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

600.00

**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 10 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt **04 / 28 / 2016**

Transaction ID : VPFF8HDJVE2E

Amount of Each Receipt this Period **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **24 Paradise Ln**

City **Treasure Island** State **FL** Zip Code **33706-1129**

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

Name of Employer **ReMax** Occupation **Realtor**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **300.00**

Date of Receipt **04 / 20 / 2016**

Transaction ID : VPFF8HBX3F2

Amount of Each Receipt this Period **300.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
Wanda R. Schwerer

Mailing Address **517 Belle Isle Ane**

City **Belleair Beach** State **FL** Zip Code **33786**

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

Name of Employer **City of Belleair Beach** Occupation **Council Member**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **421.00**

Date of Receipt **04 / 29 / 2016**

Transaction ID : VPFF8HJNHN2

Amount of Each Receipt this Period **50.00**

Memo Item

* Earmarked Contribution: See Below

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

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

350.00

**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 11 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt **04 / 29 / 2016**

Transaction ID : VPFF8HJNHN2E

Amount of Each Receipt this Period **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **9737 Bardmoor Blvd**

City **Seminole** State **FL** Zip Code **33777-2013**

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

Name of Employer **none** Occupation **retired**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **300.00**

Date of Receipt **05 / 01 / 2016**

Transaction ID : VPFF8HJNKQ2

Amount of Each Receipt this Period **200.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
Mary Ann Renfrow

Mailing Address **729 Santa Maria Dr**

City **Tierra Verde** State **FL** Zip Code **33715-2014**

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

Name of Employer **Alden Suites** Occupation **Hotelier**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **350.00**

Date of Receipt **04 / 30 / 2016**

Transaction ID : VPFF8HJNHT2

Amount of Each Receipt this Period **250.00**

Memo Item

* Earmarked Contribution: See Below

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 12 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt **04 / 30 / 2016**

Transaction ID : VPFF8HJNHT2E

Amount of Each Receipt this Period **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Janet C. Sanaker

Mailing Address **90 S Highland Ave
Apt 212**

City **Tarpon Springs** State **FL** Zip Code **34689-5365**

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

Name of Employer _____ Occupation **Retired**

Information Requested _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **350.00**

Date of Receipt **04 / 28 / 2016**

Transaction ID : VPFF8HDJV43

Amount of Each Receipt this Period **50.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
Knute E Malmborg Jr

Mailing Address **1095 Pinellas Point Dr S
Apt 347**

City **Saint Petersburg** State **FL** Zip Code **33705-6377**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **232.00**

Date of Receipt **04 / 29 / 2016**

Transaction ID : VPFF8HJNHG3

Amount of Each Receipt this Period **25.00**

Memo Item

* Earmarked Contribution: See Below

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

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

75.00

**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 13 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt **04 / 29 / 2016**

Transaction ID : VPFF8HJNHG3E

Amount of Each Receipt this Period **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Betty Getz Morgenstein

Mailing Address **9525 Blind Pass Rd
Apt 407**

City **St Pete Beach** State **FL** Zip Code **33706-1342**

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

Name of Employer _____ Occupation **Retired**

Retired

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **375.00**

Date of Receipt **04 / 20 / 2016**

Transaction ID : VPFF8HBX2Q3

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address **468 21st St**

City **Santa Monica** State **CA** Zip Code **90402-2436**

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

Name of Employer **gibson dunn** Occupation **attorney**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt **04 / 07 / 2016**

Transaction ID : VPFF8HBX9S4

Amount of Each Receipt this Period **500.00**

Memo Item

* Earmarked Contribution: See Below

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

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

600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 49
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
9135.57

Date of Receipt
04 / 20 / 2016

Transaction ID : VPFF8HBX9S4E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **145 2nd Avenue South #618
Apt 618**

City **Saint Petersburg** State **FL** Zip Code **33701**

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

Name of Employer **Programming Consultants, Inc.** Occupation **Systems Analyst**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
465.00

Date of Receipt
04 / 30 / 2016

Transaction ID : VPFF8HJNHS4

Amount of Each Receipt this Period
18.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
9135.57

Date of Receipt
04 / 30 / 2016

Transaction ID : VPFF8HJNHS4E

Amount of Each Receipt this Period
18.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

18.00

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

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

FOR LINE NUMBER: PAGE 15 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Anew Solomon

Mailing Address 9171 Wilshire Blvd

City Beverly Hills State CA Zip Code 90210-5517

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

Name of Employer Tennis Channel Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : VPFF8J1NX05

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : VPFF8J1NX05E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 2420 Margolin Ln

City Clearwater State FL Zip Code 33764-7517

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

Name of Employer Bruce P. Smith MD Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016

Transaction ID : VPFF8HBX9M5

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **9135.57**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : VPFF8HBX9M5E

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **6920 S Shore Dr S**

City **South Pasadena** State **FL** Zip Code **33707-4603**

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

Name of Employer **Mrs.** Occupation **paralegal**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : VPFF8HDJVV5

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **9135.57**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : VPFF8HDJVV5E

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **250.00**

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

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

FOR LINE NUMBER: PAGE 17 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Knute E Malmborg Jr

Mailing Address 1095 Pinellas Point Dr S
Apt 347

City State Zip Code
Saint Petersburg FL 33705-6377

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
207.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : VPFF8HJNHA6

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : VPFF8HJNHA6E

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Wanda R. Schwerer

Mailing Address 517 Belle Isle Ane

City State Zip Code
Belleair Beach FL 33786

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

Name of Employer Occupation
City of Belleair Beach Council Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
371.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2016

Transaction ID : VPFF8HDJVH6

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

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

50.00

**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 18 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt **04 / 28 / 2016**

Transaction ID : VPFF8HDJVH6E

Amount of Each Receipt this Period **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **522 4th St SE**

City **Washington** State **DC** Zip Code **20003-4212**

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

Name of Employer **State Department** Occupation **Diplomat**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **250.00**

Date of Receipt **04 / 14 / 2016**

Transaction ID : VPFF8HDJVP6

Amount of Each Receipt this Period **250.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt **04 / 28 / 2016**

Transaction ID : VPFF8HDJVP6E

Amount of Each Receipt this Period **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 19 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Laurie A. Watkins

Mailing Address 2303 14th St NW
Apt 707

City Washington State DC Zip Code 20009-4149

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

Name of Employer CSSI, Inc. Occupation Business Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : VPFF8HDJTS6

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 2909 Pass A Grille Way

City St Pete Beach State FL Zip Code 33706-4144

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

Name of Employer Self Occupation Property management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016

Transaction ID : VPFF8HDJV77

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : VPFF8HDJV77E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

275.00

**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 20 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Diane A Lebedeff

Mailing Address 2623 Seville Blvd
Unit 201

City Clearwater State FL Zip Code 33764-1176

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
675.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : VPFF8HJNHE7

Amount of Each Receipt this Period
200.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : VPFF8HJNHE7E

Amount of Each Receipt this Period
200.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Jill Maunder Ogden

Mailing Address 1718 Follow Thru Rd N

City Saint Petersburg State FL Zip Code 33710-3722

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

Name of Employer Self Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : VPFF8HJNKH7

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

300.00

**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 21 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt **04 / 29 / 2016**

Transaction ID : VPFF8HJNHK7E

Amount of Each Receipt this Period **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **2008 Chickwood Ct**

City **Tampa** State **FL** Zip Code **33618-1502**

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

Name of Employer **Univ. South Florida** Occupation **Professor**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **350.00**

Date of Receipt **04 / 28 / 2016**

Transaction ID : VPFF8HDJV28

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address **1246 79th St S**

City **Saint Petersburg** State **FL** Zip Code **33707-2719**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt **04 / 05 / 2016**

Transaction ID : VPFF8HBX9Q8

Amount of Each Receipt this Period **500.00**

Memo Item

* Earmarked Contribution: See Below

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

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

600.00

**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 22 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : VPFF8HBX9Q8E

Amount of Each Receipt this Period
 _____ **500.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **1 Beach Drive SE, Unit 2301
Unit 2301**

City **St Petersburg** State **FL** Zip Code **33701**

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

Name of Employer **none** Occupation **retired manage my rental property in S**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **363.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : VPFF8HDJVB9

Amount of Each Receipt this Period
 _____ **50.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **9135.57**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : VPFF8HDJVB9E

Amount of Each Receipt this Period
 _____ **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **50.00**

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

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

FOR LINE NUMBER: PAGE 23 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Robin Bortnick

Mailing Address 11424 Twining Ln

City Potomac State MD Zip Code 20854-1864

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : VPFF8HBX7G9

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Richard K. Maza

Mailing Address 2961 Somersworth

City Clearwater State FL Zip Code 33761

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

Name of Employer Richard K. Maza, MD, LLC Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : VPFF8J1NXP9

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : VPFF8J1NXP9E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

350.00

**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 24 OF 49
	<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
Genevieve L Dimmitt

Mailing Address 25485 US highway 19 north

City clearwater State FL Zip Code 33763

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

Name of Employer dimmitt chevrolet Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2742.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : VPFF8HDJVS9

Amount of Each Receipt this Period
21.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9135.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : VPFF8HDJVS9E

Amount of Each Receipt this Period
21.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Memo Item

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

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

21.00

9839.00

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 25 OF 49	
<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)
Eric Lynn for Congress

A. Full Name (Last, First, Middle Initial)
PROGRESSIVE ACTION PAC

Mailing Address **PO Box 75357**

City **Washington** State **DC** Zip Code **20013-0357**

FEC ID number of contributing federal political committee. **C C00513176**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : VPF8HBX9B3

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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

Memo Item

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

Memo Item

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 26 OF 49
	<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)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2016
Mailing Address 366 Summer St			Amount of Each Disbursement this Period _____ 13.96 <input type="checkbox"/> Memo Item Transaction ID : VPEG0A2RMV0
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2016
Mailing Address 366 Summer St			Amount of Each Disbursement this Period _____ 0.40 <input type="checkbox"/> Memo Item Transaction ID : VPEG0A2RMT2
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2016
Mailing Address 366 Summer St			Amount of Each Disbursement this Period _____ 41.68 <input type="checkbox"/> Memo Item Transaction ID : VPEG0A2RMZ2
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	_____ 56.04
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 27 OF 49	
	<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)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 1191 15th St NW Suite 500		Amount of Each Disbursement this Period 3600.00
City Washington	State DC Zip Code 20005-2701	
Purpose of Disbursement Finance Software	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 003	Transaction ID : VPEG0A1K6C3

Full Name (Last, First, Middle Initial) B. The Frost Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 3701 Porter St NW		Amount of Each Disbursement this Period 2000.00
City Washington	State DC Zip Code 20016-3103	
Purpose of Disbursement Consulting Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	Transaction ID : VPEG0A1R0K3

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2016
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 111.68
City Somerville	State MA Zip Code 02144-3132	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VPEG0A2RMY4

SUBTOTAL of Disbursements This Page (optional).....	5711.68
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 28 OF 49			
	<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)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2016
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 57.44
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : VPEG0A23HE5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Blue Ticket Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address PO Box 16991		Amount of Each Disbursement this Period 1528.92
City Saint Petersburg	State FL	
Zip Code 33733-6991	Purpose of Disbursement Consulting Services	Transaction ID : VPEG0A1K6G5
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 116.23
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : VPEG0A2RMX6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1702.59
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 29 OF 49			
	<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)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 19.69
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : VPEG0A2RMW8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EMC Research		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 88 E Broad St Ste 1270		Amount of Each Disbursement this Period 22624.54
City Columbus	State OH	
Zip Code 43215-3506	Purpose of Disbursement Polling	Transaction ID : VPEG0A1K6E9
Candidate Name	Category/Type 005	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Suzanne Snurpus		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address		Amount of Each Disbursement this Period 3000.00
City Pinellas Park	State FL	
Zip Code 33781	Purpose of Disbursement Strategic Consulting Services	Transaction ID : VPEG0A23HH9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	25644.23
TOTAL This Period (last page this line number only).....	33114.54

**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 30 OF 49	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Dennis G Ruppel		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 295 Bayside Dr		Amount of Each Disbursement this Period 1000.00
City Clearwater	State FL Zip Code 33767-2504	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEG0A2PR50
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Sidney Werner		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 14380 84th Ter		Amount of Each Disbursement this Period 1500.00
City Seminole	State FL Zip Code 33776-2827	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEG0A2PQJ0
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Mindy F Grossman		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 180 Beach Dr NE Unit 2402		Amount of Each Disbursement this Period 2700.00
City Saint Petersburg	State FL Zip Code 33701-3936	
Purpose of Disbursement Contribution Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEG0A2RKN0
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5200.00
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 31 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Scott Barancik			Date of Disbursement MM / DD / YYYY 06 / 22 / 2016		
Mailing Address 245 26th Ave N			Amount of Each Disbursement this Period 4,900.00		
City St Petersburg	State FL	Zip Code 33704-3459	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEG0A2PQQ0		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) B. Anastasha S Lynn			Date of Disbursement MM / DD / YYYY 06 / 24 / 2016		
Mailing Address 11682 N Peaceful Night Rd			Amount of Each Disbursement this Period 2,700.00		
City Tucson	State AZ	Zip Code 85737-7336	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEG0A2PRW0		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) c. Abigail Kopstein			Date of Disbursement MM / DD / YYYY 06 / 22 / 2016		
Mailing Address 8813 Wandering Trail Dr			Amount of Each Disbursement this Period 1,200.00		
City Potomac	State MD	Zip Code 20854-2377	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEG0A2PR01		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	4900.00
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 32 OF 49	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Jessica Sher		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 2300 Sunset Way		Amount of Each Disbursement this Period 1000.00
City St Pete Beach	State FL	
Zip Code 33706-4123	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PRD1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Carl Shephard		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 2541 13th St NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20009-5207	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PRJ1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kim Bernstein		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 302 Caspian St		Amount of Each Disbursement this Period 1200.00
City Tampa	State FL	
Zip Code 33606-3638	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PQV1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2700.00
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 33 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Elizabeth A. Smith			Date of Disbursement MM / DD / YYYY 06 / 24 / 2016		
Mailing Address 501 Brightwaters Blvd NE			Amount of Each Disbursement this Period 300.00		
City St Petersburg	State FL	Zip Code 33704-3713	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEG0A2PS02			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Debby Bortnick			Date of Disbursement MM / DD / YYYY 06 / 22 / 2016		
Mailing Address 11618 Twining Ln			Amount of Each Disbursement this Period 2000.00		
City Potomac	State MD	Zip Code 20854-1867	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEG0A2PR42			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Joy S Paul			Date of Disbursement MM / DD / YYYY 06 / 23 / 2016		
Mailing Address 11412 Twining Ln			Amount of Each Disbursement this Period 1000.00		
City Potomac	State MD	Zip Code 20854-1864	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name		Transaction ID : VPEG0A2PR82			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional)	3300.00
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 34 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Susan Schwartz			Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016	
Mailing Address 1681 Long Bow Ln.			Amount of Each Disbursement this Period 1500.00	
City Clearwater	State FL	Zip Code 33764	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEG0A2PQP2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Bruce H Lynn			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address 11682 N Peaceful Night Rd			Amount of Each Disbursement this Period 2700.00	
City Oro Valley	State AZ	Zip Code 85737-7336	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEG0A2PRV2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) c. Bernice Grossman			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016	
Mailing Address 180 Beach Dr NE Unit 102			Amount of Each Disbursement this Period 500.00	
City Saint Petersburg	State FL	Zip Code 33701-3909	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEG0A2PS43	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	4700.00
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 35 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Alan C Bomstein			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 620 Drew St			Amount of Each Disbursement this Period 300.00
City Clearwater	State FL	Zip Code 33755-4108	
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEG0A2PQC3
State: District:			

Full Name (Last, First, Middle Initial) B. Francisco Sanchez			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 6217 Winston Dr			Amount of Each Disbursement this Period 750.00
City Bethesda	State MD	Zip Code 20817-5817	
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEG0A2PRH3
State: District:			

Full Name (Last, First, Middle Initial) c. Daniel Berger			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 1622 Locust St			Amount of Each Disbursement this Period 2700.00
City Philadelphia	State PA	Zip Code 19103-6305	
Purpose of Disbursement Refund		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VPEG0A2PRP3
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3750.00
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 36 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Carla Freed		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 3009 Viburnum Pl		Amount of Each Disbursement this Period 500.00
City Olney	State MD	
Zip Code 20832-3074	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PQT3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Nathan Bortnick		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 1500 Eckington Pl NE		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20002-2128	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PQZ3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Gary Bortnick		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 11618 twining ln		Amount of Each Disbursement this Period 2000.00
City potomac	State MD	
Zip Code 20854	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PR34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
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 37 OF 49	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Steve Fanaroff		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 11718 Split Tree Cir		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Potomac	State MD	
Zip Code 20854-2880	Purpose of Disbursement Refund	Transaction ID : VPEG0A2PRC4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stanley I Levy		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 5210 W Neptune Way		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Tampa	State FL	
Zip Code 33609-3639	Purpose of Disbursement Refund	Transaction ID : VPEG0A2PQG4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Margot Fisch Benstock		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address 12383 Windtree Blvd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Seminole	State FL	
Zip Code 33772-2016	Purpose of Disbursement Refund	Transaction ID : VPEG0A2PQN4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 38 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Joel Berman		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 4903 Windmill Palm Ter NE		Amount of Each Disbursement this Period 500.00
City Saint Petersburg	State FL	
Zip Code 33703-6311	Purpose of Disbursement Contribution Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2RKR4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Rosalie A Danbury		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 500 Park Blvd S Apt 9		Amount of Each Disbursement this Period 2700.00
City Venice	State FL	
Zip Code 34285-2726	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PRT4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Elizabeth A. Smith		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 501 Brightwaters Blvd NE		Amount of Each Disbursement this Period 1700.00
City St Petersburg	State FL	
Zip Code 33704-3713	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PRZ4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4900.00
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 39 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Bernice Grossman		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 180 Beach Dr NE Unit 102		Amount of Each Disbursement this Period 1500.00
City Saint Petersburg	State FL	
Zip Code 33701-3909	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEG0A2PS35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anne Sherman		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 3425 W Kirby St		Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33614-3366	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEG0A2PS85
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Albert A Fox		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address One Tampa City Center Suite 2760		Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33602	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEG0A2PQB5
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
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 40 OF 49	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Lenny S. Englander		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 1246 79th St S		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Saint Petersburg	State FL	
Zip Code 33707-2719	Purpose of Disbursement Refund	Transaction ID : VPEG0A2PRG5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mark B Polsky		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 9405 Blackwell Rd Apt 301		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20850-3682	Purpose of Disbursement Refund	Transaction ID : VPEG0A2PQS5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wendy Fanaroff Ravick		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 5809 Nicholson Ln Apt 1009		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20852-5712	Purpose of Disbursement Refund	Transaction ID : VPEG0A2PQY5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
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 41 OF 49	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Ronald D Paul		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 11412 Twining Ln		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : VPEG0A2PR76
City Potomac	State MD	
Zip Code 20854-1864	Purpose of Disbursement Refund	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Evan M Novenstein		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 8720 Harness Trl		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item Transaction ID : VPEG0A2PRB6
City Potomac	State MD	
Zip Code 20854-2553	Purpose of Disbursement Refund	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Peter Deutsch		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO Box 817689		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : VPEG0A2PQF6
City Hollywood	State FL	
Zip Code 33081-1689	Purpose of Disbursement Refund	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4500.00
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 42 OF 49	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Michael Benstock		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 12383 Windtree Blvd		Amount of Each Disbursement this Period 1000.00
City Seminole State FL Zip Code 33772-2016	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEG0A2PQM6
State: District:		

Full Name (Last, First, Middle Initial) B. Stacie Lynn		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 1425 Sloan Way		Amount of Each Disbursement this Period 1400.00
City Ambler State PA Zip Code 19002-1205	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEG0A2PRY6
State: District:		

Full Name (Last, First, Middle Initial) c. Bernard Kanner		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 1601 Park St N		Amount of Each Disbursement this Period 750.00
City Saint Petersburg State FL Zip Code 33710-4347	Purpose of Disbursement Contribution Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEG0A2RN17
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3150.00
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 43 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. James Aresty		Date of Disbursement MM / DD / YYYY 06 / 05 / 2016
Mailing Address 400 Beach Dr NE Unit 2605		Amount of Each Disbursement this Period 2700.00
City Saint Petersburg	State FL	
Zip Code 33701-3075	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PS27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stephen Harlan Bittel		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 801 Arthur Godfrey Rd Ste 600		Amount of Each Disbursement this Period 2700.00
City Miami Beach	State FL	
Zip Code 33140-3320	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PS77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rachel Wein		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 200 18th Ave N		Amount of Each Disbursement this Period 2000.00
City Saint Petersburg	State FL	
Zip Code 33704-4426	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PQA7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7400.00
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 44 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Paymon Farazi		Date of Disbursement MM / DD / YYYY 06 / 09 / 2016
Mailing Address 5513 Warden Ave		Amount of Each Disbursement this Period 2300.00
City Edina	State MN	
Zip Code 55436-2240	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PRM7
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) B. Lois Pardoll		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 34 Paradise Ln		Amount of Each Disbursement this Period 2000.00
City Treasure Island	State FL	
Zip Code 33706-1129	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PQX7
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) c. Bruce Levenson		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 11529 Twining Ln		Amount of Each Disbursement this Period 1000.00
City Potomac	State MD	
Zip Code 20854-1861	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VPEG0A2PR68
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5300.00
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 45 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Ann K Birns		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address 11413 Twining Ln		Amount of Each Disbursement this Period 1000.00
City Potomac	State MD	
Zip Code 20854-1860	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEG0A2PRA8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brent Lampert		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 2531 Fair Ave Apt 324		Amount of Each Disbursement this Period 2000.00
City Bexley	State OH	
Zip Code 43209-2114	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEG0A2PQK8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Neil Grossman		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 180 Beach Drive NE Suite 2402		Amount of Each Disbursement this Period 2700.00
City St Petersburg	State FL	
Zip Code 33701	Purpose of Disbursement Contribution Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEG0A2RKP8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5700.00
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 46 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Rebecca lee Harris			Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 245 26th Ave N			Amount of Each Disbursement this Period 4,300.00 <input type="checkbox"/> Memo Item
City St Petersburg	State FL	Zip Code 33704-3459	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEG0A2PQR8
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Stacie Lynn			Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 1425 Sloan Way			Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item
City Ambler	State PA	Zip Code 19002-1205	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEG0A2PRX8
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Stephen Harlan Bittel			Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 801 Arthur Godfrey Rd Ste 600			Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City Miami Beach	State FL	Zip Code 33140-3320	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VPEG0A2PS69
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	4300.00
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 47 OF 49			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Karen Sher			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016	
Mailing Address 8851 Maidstone Ct			Amount of Each Disbursement this Period 1000.00	
City Largo	State FL	Zip Code 33777	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEG0A2PRE9	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. Christine Farazi			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address 5513 Warden Ave			Amount of Each Disbursement this Period 2300.00	
City Edina	State MN	Zip Code 55436-2240	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEG0A2PRK9	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Kenneth M Grunley			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016	
Mailing Address 9720 Logan Dr			Amount of Each Disbursement this Period 2000.00	
City Potomac	State MD	Zip Code 20854-4640	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VPEG0A2PQW9	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	5300.00
TOTAL This Period (last page this line number only).....	79600.00

**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 48 OF 49	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. TED DEUTCH FOR CONGRESS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20036-5592	Purpose of Disbursement Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VPEG0A2PRQ0
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	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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	<input type="checkbox"/> Memo Item
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).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

**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 49 OF 49
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Eric Lynn for Congress

Full Name (Last, First, Middle Initial) A. Pinellas Community Voters Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address PO Box 13793		Amount of Each Disbursement this Period 250000.00
City St Petersburg	State FL	
Zip Code 33733-3793	Purpose of Disbursement Contributions	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VPEG0A2RK98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Eric Lynn for State Representative		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address PO Box 16991		Amount of Each Disbursement this Period 1000.00
City Saint Petersburg	State FL	
Zip Code 33733-6991	Purpose of Disbursement Contribution	<input type="checkbox"/> Memo Item
Candidate Name Eric Lynn for State Representative	Category/ Type	Transaction ID : VPEG0A2RKJ9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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	<input type="checkbox"/> Memo Item
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).....	251000.00
TOTAL This Period (last page this line number only).....	251000.00