

# 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

LYNCH FOR CONGRESS 16

ADDRESS (number and street) 17477 CHILLICOTHE ROAD

Check if different than previously reported. (ACC)

CHAGRIN FALLS

OH

44023

2. **FEC IDENTIFICATION NUMBER** ▼

C C00580621

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

OH

14

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Karen Quay

Signature of Treasurer Karen Quay

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**LYNCH FOR CONGRESS 16**

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

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="47253.00"/>	<input type="text" value="83442.00"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="3700.00"/>	<input type="text" value="3700.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="43553.00"/>	<input type="text" value="79742.00"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="66781.81"/>	<input type="text" value="116448.84"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="1441.71"/>	<input type="text" value="1441.71"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="65340.10"/>	<input type="text" value="115007.13"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="20952.14"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="219.50"/>	

**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

**LYNCH FOR CONGRESS 16**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43053.00	79092.00
(ii) Unitemized.....	50.00	50.00
(iii) TOTAL of contributions from individuals ▶	43103.00	79142.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) The Candidate.....	1650.00	1800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	47253.00	83442.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	55997.77
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	219.50
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	219.50
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1441.71	1441.71
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	48694.71	141100.98

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66781.81	116448.84
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 .....	3700.00	3700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3700.00	3700.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	70481.81	120148.84

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42739.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	48694.71
25. SUBTOTAL (add Line 23 and Line 24).....	91433.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70481.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20952.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Pam Ambrose</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015	
Mailing Address 400 Eggleston Rd		<b>Transaction ID : SA11AI.5095</b>	
City Aurora	State OH	Zip Code 44202	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 20.00	
Name of Employer Best Efforts		Occupation Best Efforts	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 20.00	

Full Name (Last, First, Middle Initial) <b>B. Bonnie Arnold</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2015	
Mailing Address 190 Olive St		<b>Transaction ID : SA11AI.5038</b>	
City Caldwell	State OH	Zip Code 43724	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 25.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) <b>C. Frank Awender</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2015	
Mailing Address 11369 Gordon Dr		<b>Transaction ID : SA11AI.5249</b>	
City Parma	State OH	Zip Code 44130	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 200.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	245.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Baker**

Mailing Address 1724 E 294 St

City Wickliffe State OH Zip Code 44092

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.5203**

Amount of Each Receipt this Period  
 Contribution 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Balash**

Mailing Address 82 Elm St

City Geneva State OH Zip Code 44041

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

Name of Employer N/A Occupation N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2015

**Transaction ID : SA11AI.5188**

Amount of Each Receipt this Period  
 Contribution 15.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrew Balash**

Mailing Address 82 Elm St

City Geneva State OH Zip Code 44041

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

Name of Employer N/A Occupation N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : SA11AI.5207**

Amount of Each Receipt this Period  
 Contribution 5.00

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

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

120.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Jerry Barnes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2015
Mailing Address 4153 Somerville Jacksonburg Rd		<b>Transaction ID : SA11AI.5115</b>
City Middletown	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00
Name of Employer Self Employed	Occupation Farmer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) <b>B. Eileen Baur</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2015
Mailing Address 419 Audrey		<b>Transaction ID : SA11AI.5113</b>
City Richmond Hts	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Self Employed	Occupation Realtor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) <b>C. Clare Becker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015
Mailing Address 8860 Morgans Run		<b>Transaction ID : SA11AI.5058</b>
City N Olmsted	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Clare Becker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2015	
Mailing Address 8860 Morgans Run		<b>Transaction ID : SA11AI.5111</b>	
City N Olmsted	State OH	Zip Code 44138	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Clare Becker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 8860 Morgans Run		<b>Transaction ID : SA11AI.5183</b>	
City N Olmsted	State OH	Zip Code 44138	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>C. Clare Becker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 8860 Morgans Run		<b>Transaction ID : SA11AI.5303</b>	
City N Olmsted	State OH	Zip Code 44138	Amount of Each Receipt this Period Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Linda Bennett**

Mailing Address 200 Devorah Dr

City Aurora State OH Zip Code 44202-8004

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

Name of Employer Aurora City Schools Occupation Substitute Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11AI.5336**

Amount of Each Receipt this Period  
 Contribution 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Bickett**

Mailing Address 480 Arehart Drive

City Mogadore State OH Zip Code 44260

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  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.5271**

Amount of Each Receipt this Period  
 Contribution 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Sonia Bihary**

Mailing Address 14856 Caves Rd

City Novelty State OH Zip Code 44072

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

Name of Employer CWRU Occupation Machinist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : SA11AI.5318**

Amount of Each Receipt this Period  
 Contribution 50.00

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 10 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA BISHOP**

Mailing Address 6013 TWP ROAD 246

City State Zip Code  
FINDLAY OH 45840

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  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : SA11AI.5041**

Amount of Each Receipt this Period  
 Contribution 20.00

**B.** Full Name (Last, First, Middle Initial)  
**Chuck & Helen Blouir**

Mailing Address 9162 Willson Dr

City State Zip Code  
Chagrin Falls OH 44023

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

Name of Employer Occupation  
Varian Sales Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11AI.5330**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**LOISIRENE BLUMBERG**

Mailing Address 7281 PLEASANTWOOD DR

City State Zip Code  
INDEPENDENCE OH 44131

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

Name of Employer Occupation  
Self Employed Financial planner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
35.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11AI.5314**

Amount of Each Receipt this Period  
 Contribution 35.00

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

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

105.00

**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 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Ted Borsos**

Mailing Address 4668 Estes Dr

City State Zip Code  
Kent OH 44240

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : SA11AI.5097**

Amount of Each Receipt this Period  
 Contribution 10.00

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

Mailing Address 13393 Cedar Acres Dr

City State Zip Code  
Chesterland OH 44026-3555

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

Name of Employer Occupation  
N/A RN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.5257**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul Breen**

Mailing Address 1008 Woodman Dr

City State Zip Code  
Worthington OH 13510

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

Name of Employer Occupation  
MAS Investment Group CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : SA11AI.5139**

Amount of Each Receipt this Period  
 Contribution 50.00

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

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

110.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 113

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**CAREY BROCKMAN**

Mailing Address 17140 VALLEY RD

City State Zip Code  
 CHAGRIN FALLS OH 44023

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

Name of Employer Occupation  
 MCLEAN COMPANY SALES

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  
 10 / 16 / 2015

**Transaction ID : SA11AI.5072**

Amount of Each Receipt this Period  
 500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Capps**

Mailing Address 382 Clearfield Drive

City State Zip Code  
 Kent OH 44240

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  
 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2015

**Transaction ID : SA11AI.5169**

Amount of Each Receipt this Period  
 25.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Shirley Caserta**

Mailing Address 5706 Cherokee Dr

City State Zip Code  
 Lyndhurst OH 44124

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

Name of Employer Occupation  
 Ursuline Academy Accountant

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  
 12 / 21 / 2015

**Transaction ID : SA11AI.5307**

Amount of Each Receipt this Period  
 300.00  
 Contribution

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

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

825.00

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

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

FOR LINE NUMBER: PAGE 13 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Anonymous Cash**

Mailing Address Unknown

City Unknown State OH Zip Code 44023

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : SA11AI.5357**

Amount of Each Receipt this Period  
 Contribution 50.00

**B.** Full Name (Last, First, Middle Initial)  
**Anonymous Cash**

Mailing Address Unknown

City Unknown State OH Zip Code 44023

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : SA11AI.5358**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Anonymous Cash**

Mailing Address Unknown

City Unknown State OH Zip Code 44023

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
120.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015

**Transaction ID : SA11AI.5359**

Amount of Each Receipt this Period  
 Contribution 20.00

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

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

120.00

**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 14 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A. Anonymous Cash**

Full Name (Last, First, Middle Initial)  
Anonymous Cash

Mailing Address Unknown

City Unknown State OH Zip Code 44023

FEC ID number of contributing federal political committee. C

Name of Employer Unknown Occupation Unknown

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
140.00

Date of Receipt  
11 / 16 / 2015

**Transaction ID : SA11AI.5360**

Amount of Each Receipt this Period  
20.00

Contribution

**B. Anonymous Cash**

Full Name (Last, First, Middle Initial)  
Anonymous Cash

Mailing Address Unknown

City Unknown State OH Zip Code 44023

FEC ID number of contributing federal political committee. C

Name of Employer Unknown Occupation Unknown

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
165.00

Date of Receipt  
12 / 03 / 2015

**Transaction ID : SA11AI.5361**

Amount of Each Receipt this Period  
25.00

Contribution

**C. Gayle P Champion**

Full Name (Last, First, Middle Initial)  
Gayle P Champion

Mailing Address 5582 S Ridge Rd  
4

City Madison State OH Zip Code 44057

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  
25.00

Date of Receipt  
12 / 30 / 2015

**Transaction ID : SA11AI.5346**

Amount of Each Receipt this Period  
25.00

Contribution

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

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

70.00

**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 15 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**James Church**

Mailing Address 741 Governors Circle

City State Zip Code  
Kent OH 44240

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

Name of Employer Occupation  
Software Specialists Software Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SA11AI.5201**

Amount of Each Receipt this Period  
Contribution 50.00

**B.** Full Name (Last, First, Middle Initial)  
**Pamela Claypool**

Mailing Address 12448 Bentbrook Dr

City State Zip Code  
Chesterland OH 44026

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

Name of Employer Occupation  
Airgas Senior VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : SA11AI.5083**

Amount of Each Receipt this Period  
Contribution 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Tom Coste**

Mailing Address 5211 Mayfield Rd

City State Zip Code  
Cleveland OH 44124

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

Name of Employer Occupation  
Amy Joy Donuts Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : SA11AI.5412**

Amount of Each Receipt this Period  
In-kind - Food - Volunteers 200.00

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

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

2750.00

**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 16 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Carl Crawford</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015	
Mailing Address 3771 Willow Brook Drive		<b>Transaction ID : SA11AI.5089</b>	
City Ravenna	State OH	Zip Code 44266	Amount of Each Receipt this Period Contribution 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Delphi Automotive	Occupation Financial Analyst		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>B. Carl Crawford</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015	
Mailing Address 3771 Willow Brook Drive		<b>Transaction ID : SA11AI.5255</b>	
City Ravenna	State OH	Zip Code 44266	Amount of Each Receipt this Period Contribution 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Delphi Automotive	Occupation Financial Analyst		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) <b>C. Terry Crockett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015	
Mailing Address 9137 Creekwood Dr		<b>Transaction ID : SA11AI.5065</b>	
City Mentor	State OH	Zip Code 44060	Amount of Each Receipt this Period Contribution 70.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pine Lake Trout Club	Occupation Chief Engineer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 70.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	770.00
<b>TOTAL</b> This Period (last page this line number only).....	770.00

**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 17 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Ed Curtis</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015	
Mailing Address 13582 Fox Hills Dr		<b>Transaction ID : SA11AI.5049</b>	
City Novelty	State OH	Zip Code 44072	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 50.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 50.00		

Full Name (Last, First, Middle Initial) <b>B. Susan Daniels</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015	
Mailing Address 9754 Thwing Rd		<b>Transaction ID : SA11AI.5062</b>	
City Chardon	State OH	Zip Code 44024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 100.00		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2015	
Mailing Address 12480 Chamberlain Rd		<b>Transaction ID : SA11AI.5365</b>	
City Aurora	State OH	Zip Code 44202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 8.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 32.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**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 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Davis**

Mailing Address 12480 Chamberlain Rd

City Aurora State OH Zip Code 44202

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 **57.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.5157**

Amount of Each Receipt this Period  
 Contribution **25.00**

**B.** Full Name (Last, First, Middle Initial)  
**BRENDA DERREBERRY**

Mailing Address 482 HERBERT RD

City AKRON State OH Zip Code 44312

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.5184**

Amount of Each Receipt this Period  
 Contribution **100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Claudia DiBartola**

Mailing Address 31176 Northwood Dr

City Pepper Pike State OH Zip Code 44124

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

Name of Employer HOMemaker Occupation Homemaker

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  
 11 / 06 / 2015

**Transaction ID : SA11AI.5127**

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

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

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

**625.00**

**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 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**HARRY DIEMERT**

Mailing Address **341 E MAIN ST**

City **PAINESVILLE** State **OH** Zip Code **44077**

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : SA11AI.5108**

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

**B.** Full Name (Last, First, Middle Initial)  
**HARRY DIEMERT**

Mailing Address **341 E MAIN ST**

City **PAINESVILLE** State **OH** Zip Code **44077**

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 23 / 2015**

**Transaction ID : SA11AI.5178**

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

**C.** Full Name (Last, First, Middle Initial)  
**Raffaele Di Pio**

Mailing Address **10823 Angela Dr**

City **Kirtland** State **OH** Zip Code **44094**

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

Name of Employer **City of Shaker Heights** Occupation **Fire Fighter**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2015**

**Transaction ID : SA11AI.5328**

Amount of Each Receipt this Period  
**25.00**  
 Contribution

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

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

**525.00**

**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 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Manning Dishler</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 07 / 2015	
Mailing Address 23902 E Baintree Rd		<b>Transaction ID : SA11AI.5226</b>	
City Beachwood	State OH	Zip Code 44122	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 500.00		

Full Name (Last, First, Middle Initial) <b>B. Rich Dobre</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2015	
Mailing Address 8895 Lake in the Woods Trl		<b>Transaction ID : SA11AI.5168</b>	
City Chagrin Falls	State OH	Zip Code 44023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00	
Name of Employer R.F. Dobre, Inc.	Occupation Small business owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 1000.00		

Full Name (Last, First, Middle Initial) <b>C. LYNNE DODD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 323 CHESAPEAKE		<b>Transaction ID : SA11AI.5182</b>	
City PAINESVILLE	State OH	Zip Code 44077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00	
Name of Employer Grace Church	Occupation Dir Financial Discipleship		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**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 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Earle Drabenstott**

Mailing Address 40 Wintergreen Hill Dr

City Painesville State OH Zip Code 44077

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 **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5068**

Amount of Each Receipt this Period  
 Contribution **200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia Dreyer**

Mailing Address 12071 Butternut Rd

City Newbury State OH Zip Code 44065

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

Name of Employer Christopher Tool Occupation A Tool Maker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  
 Contribution **25.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN DUROSS**

Mailing Address 15480 HEMLOCK POINT RD

City CHAGRIN FALLS State OH Zip Code 44022

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

Name of Employer Enerco Group, Inc. Occupation Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11AI.5137**

Amount of Each Receipt this Period  
 Contribution **2700.00**

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

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

**2925.00**

**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 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**GREG FADORSEN**

Mailing Address 13041 LIVERY LANE

City CHARDON State OH Zip Code 44024

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

Name of Employer Self Employed Occupation Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : SA11AI.5208**

Amount of Each Receipt this Period  
 Contribution 50.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN FAKULT**

Mailing Address 232 E 293RD ST

City WILLOWICK State OH Zip Code 44095

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA11AI.5217**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Harry Feuerwerker**

Mailing Address 7283 Welland Dr

City Mentor State OH Zip Code 44060

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

Name of Employer Thrifty Plumbing & Rooter Service Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.5191**

Amount of Each Receipt this Period  
 Contribution 20.00

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

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

320.00

**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 23 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**URSULA FICHT**

Mailing Address 10850 Reservoir Dr

City MANTUA State OH Zip Code 44255

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

Name of Employer Chagrin Falls School District Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.5347**

Amount of Each Receipt this Period  
 Contribution **25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Fink**

Mailing Address 4764 Willoughcroft Rd.

City Willoughby State OH Zip Code 44094

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 **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11AI.5250**

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

**C.** Full Name (Last, First, Middle Initial)  
**JAMES T FREEMAN**

Mailing Address 755 Pipes Ct

City Northfield State OH Zip Code 44067

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

Name of Employer Kent Free Library Occupation Librarian

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.5302**

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

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

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

**125.00**

**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 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>Marsha Frost</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2015
Mailing Address 1176 Farmcote Cir		<b>Transaction ID : SA11AI.5245</b>
City Medina	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Best Efforts	Occupation Best Efforts	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>Chris Gabrelcik</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Mailing Address 6505 Co Rd 109		<b>Transaction ID : SA11AI.5141</b>
City Mount Gilead	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Lubrication Specialties	Occupation CEO	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>Mike Gaffney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 17651 Plum Crk		<b>Transaction ID : SA11AI.5193</b>
City Chagrin Falls	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Gaffney Products	Occupation Manufacturer Rep	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 113  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Peggy Garrety**

Mailing Address 5324 Streeter Rd

City Mantua State OH Zip Code 44255

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : SA11AI.5091**

Amount of Each Receipt this Period  
 300.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH GIBB**

Mailing Address 11551 Washington St

City Auburn Twp State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.5262**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Cheryll Gleason**

Mailing Address 4800 Figgie Dr

City Willoughby State OH Zip Code 44094

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.5289**

Amount of Each Receipt this Period  
 200.00  
 Contribution

**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 26 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**JUDITH GOODRICH**

Mailing Address 45 CASCADES DR

City State Zip Code  
CHAGRIN FALLS OH 44022

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SA11AI.5165**

Amount of Each Receipt this Period  
100.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Perry Gopp**

Mailing Address 1217 Meadowbrook Blvd

City State Zip Code  
Stow OH 44224

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

Name of Employer Occupation  
Timmerman Geotech Field Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SA11AI.5125**

Amount of Each Receipt this Period  
10.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Carl Gostola**

Mailing Address 12989 Stanfield Dr

City State Zip Code  
Chardon OH 44024

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  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : SA11AI.5078**

Amount of Each Receipt this Period  
200.00  
Contribution

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

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

310.00

**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 27 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Charlotte Greene**

Mailing Address 9785 North Blvd

City Chagrin Falls State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : SA11AI.5103**

Amount of Each Receipt this Period  
 Contribution 1000.00

Contribution 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Charlotte Greene**

Mailing Address 9785 North Blvd

City Chagrin Falls State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.5179**

Amount of Each Receipt this Period  
 Contribution 500.00

Contribution 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Gary Grieco**

Mailing Address 18781 Chillicothe Rd

City Chagrin Falls State OH Zip Code 44023

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

Name of Employer Paradigm Convergence Technologies Occupation Manufacturer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015

**Transaction ID : SA11AI.5254**

Amount of Each Receipt this Period  
 Contribution 100.00

Contribution 100.00

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 28 OF 113  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**JANIE GROH**

Mailing Address 3939 COOK RD

City MEDINA State OH Zip Code 44256

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA11AI.5214**

Amount of Each Receipt this Period  
 150.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Harry Hackett**

Mailing Address 385 Center St  
Apt. 75

City Chardon State OH Zip Code 44024

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : SA11AI.5309**

Amount of Each Receipt this Period  
 25.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Terri Hadlock**

Mailing Address 446 Crackel Rd

City Aurora State OH Zip Code 44202

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : SA11AI.5243**

Amount of Each Receipt this Period  
 25.00  
 Contribution

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

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

200.00

**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 29 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Dwight Hall**

Mailing Address 15890 Grace St

City State Zip Code  
Newbury OH 44065

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2015

**Transaction ID : SA11AI.5164**

Amount of Each Receipt this Period  
100.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**JOHN HEINL**

Mailing Address 10942 Main St

City State Zip Code  
Mantua OH 44255

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  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.5299**

Amount of Each Receipt this Period  
50.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Susan Helsel**

Mailing Address 2920 Pleasant Valley Dr SW

City State Zip Code  
Warren OH 44481

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

Name of Employer Occupation  
Warren Public Library Page

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SA11AI.5311**

Amount of Each Receipt this Period  
50.00  
Contribution

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 30 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Hesseling**

Mailing Address 4846 Brookhill Ln

City State Zip Code  
Lima OH 45807

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  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11AI.5130**

Amount of Each Receipt this Period  
 Contribution 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Heus**

Mailing Address 37685 Bainbridge Rd

City State Zip Code  
Solon OH 44139

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

Name of Employer Occupation  
Self Employed Property Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.5267**

Amount of Each Receipt this Period  
 Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry Hinz**

Mailing Address 11388 Lebanon Rd

City State Zip Code  
Sharonville OH 45241

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  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : SA11AI.5144**

Amount of Each Receipt this Period  
 Contribution 25.00

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

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

150.00

**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 31 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Chris Hippely**

Mailing Address 14850 Meadowlark Ln

City Middlefield State OH Zip Code 44062

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : SA11AI.5287**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Vilija Hopkins**

Mailing Address 148 Lakeview Ln

City Chagrin Falls State OH Zip Code 44022

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : SA11AI.5101**

Amount of Each Receipt this Period  
 2300.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Catherine Horschler**

Mailing Address 17259 long meadow Trl

City chagrin falls State OH Zip Code 44023

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

Name of Employer bainbridge body shop Occupation Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA11AI.5216**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

2650.00

**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 32 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Peg Hunt**

Mailing Address 9030 Cedar Rd

City Chesterland State OH Zip Code 44026

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11AI.5332**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Marco Iannetta**

Mailing Address 3959 Cardinal Cir

City Stow State OH Zip Code 44224

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

Name of Employer MAI Computing Inc. Occupation consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Jackson**

Mailing Address 6491 Duval Cir

City Mayfield Hts State OH Zip Code 44124

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : SA11AI.5323**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

1150.00

**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 33 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Martha Jacobson**

Mailing Address 140 Pine Meadow Dr

City Painesville State OH Zip Code 44077

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5051**

Amount of Each Receipt this Period  
 Contribution 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Cathy James**

Mailing Address 8891 Carnes Rd

City Chagrin Falls State OH Zip Code 44023

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

Name of Employer SPS Occupation Senior Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : SA11AI.5076**

Amount of Each Receipt this Period  
 Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathy Johnson**

Mailing Address 11263 Chardon Rd

City Chardon State OH Zip Code 44024

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

Name of Employer Kathleen J Miller & Assoc Occupation Accounting/Tax

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.5148**

Amount of Each Receipt this Period  
 Contribution 50.00

**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: (check only one)	PAGE 34 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Kathy Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2015	
Mailing Address 11263 Chardon Rd		<b>Transaction ID : SA11AI.5166</b>	
City Chardon State OH Zip Code 44024	Amount of Each Receipt this Period Contribution 50.00		
FEC ID number of contributing federal political committee. C	Name of Employer Kathleen J Miller & Assoc Occupation Accounting/Tax		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		

Full Name (Last, First, Middle Initial) <b>B. Kathy Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 11263 Chardon Rd		<b>Transaction ID : SA11AI.5350</b>	
City Chardon State OH Zip Code 44024	Amount of Each Receipt this Period Contribution 50.00		
FEC ID number of contributing federal political committee. C	Name of Employer Kathleen J Miller & Assoc Occupation Accounting/Tax		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

Full Name (Last, First, Middle Initial) <b>C. Diane Jones</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2015	
Mailing Address 10400 Lindsay Ln		<b>Transaction ID : SA11AI.5162</b>	
City Auburn Twp State OH Zip Code 44023	Amount of Each Receipt this Period Contribution 15.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Horse Farm		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

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

FOR LINE NUMBER: PAGE 35 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Jason Jones**

Mailing Address 4336 Jami Ct

City State Zip Code  
Ft Myers FL 33901

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

Name of Employer Occupation  
Epic Home Improvement, LLC Owner

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  
12 30 2015

**Transaction ID : SA11AI.5344**

Amount of Each Receipt this Period  
500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Katherine Jones**

Mailing Address 4336 Jami Ct

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
Lee County School District Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.5349**

Amount of Each Receipt this Period  
800.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ANNE KACZMAREK**

Mailing Address 780 CRACKEL RD

City State Zip Code  
AURORA OH 44202

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 16 2015

**Transaction ID : SA11AI.5073**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>ANNE KACZMAREK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015	
Mailing Address 780 CRACKEL RD		<b>Transaction ID : SA11AI.5121</b>	
City AURORA	State OH	Zip Code 44202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>ANNE KACZMAREK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015	
Mailing Address 780 CRACKEL RD		<b>Transaction ID : SA11AI.5259</b>	
City AURORA	State OH	Zip Code 44202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>GWEN KANASTAB</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 825-16 Chandler Lane		<b>Transaction ID : SA11AI.5147</b>	
City Aurora	State OH	Zip Code 44202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

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

FOR LINE NUMBER: PAGE 37 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Frederick Kapetansky**

Mailing Address 2599 Sonata Dr

City State Zip Code  
Columbus OH 43209

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

Name of Employer Occupation  
Ohio State University Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 23 2015

**Transaction ID : SA11AI.5176**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Ethlyn Kennedy**

Mailing Address 35230 Downing Ave

City State Zip Code  
North Ridgeville OH 44039

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  
15.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 03 2015

**Transaction ID : SA11AI.5218**

Amount of Each Receipt this Period  
 15.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Kerwin**

Mailing Address 7979 Birchwood Dr

City State Zip Code  
Chesterland OH 44026

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  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2015

**Transaction ID : SA11AI.5110**

Amount of Each Receipt this Period  
 100.00  
 Contribution

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

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

215.00

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

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

FOR LINE NUMBER: PAGE 38 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN KNESS**

Mailing Address 625 LLOYD RD

City State Zip Code  
EUCLID OH 44132

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  
**45.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : SA11AI.5042**

Amount of Each Receipt this Period  
 Contribution **20.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dan Kremer**

Mailing Address 14360 Margn Rd

City State Zip Code  
Yorkshire OH 45388

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11AI.5134**

Amount of Each Receipt this Period  
 Contribution **5.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bernard and Donna Kromer**

Mailing Address 1072 Valley Creek Dr

City State Zip Code  
Eastlake OH 44095

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.5159**

Amount of Each Receipt this Period  
 Contribution **5.00**

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

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

**30.00**

**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 39 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**ESTHER LACZKO**

Mailing Address 9095 ROBINSON RD

City CHARDON State OH Zip Code 44024

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 **10.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.5204**

Amount of Each Receipt this Period  
 Contribution **10.00**

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

Mailing Address PO Box 23

City Rootstown State OH Zip Code 44272

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

Name of Employer Walsh University Occupation Library Cataloger

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : SA11AI.5085**

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

**C.** Full Name (Last, First, Middle Initial)  
**Carol Lang**

Mailing Address 13965 King Arthur Ct

City Newbury State OH Zip Code 44065

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 **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : SA11AI.5099**

Amount of Each Receipt this Period  
 Contribution **25.00**

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

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

**85.00**

**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 40 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Lang**

Mailing Address 13965 King Arthur Ct

City Newbury State OH Zip Code 44065

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 **75.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.5174**

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

**B.** Full Name (Last, First, Middle Initial)  
**Tricia Lanza**

Mailing Address 17593 Walnut Trl

City Chagrin Falls State OH Zip Code 44023

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

Name of Employer Highway Garage Occupation Sales

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  
 12 / 02 / 2015

**Transaction ID : SA11AI.5212**

Amount of Each Receipt this Period  
 Contribution **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Arlie Lawley**

Mailing Address 245 Cambridge Dr

City Aurora State OH Zip Code 44202

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 **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : SA11AI.5123**

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

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

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

**1100.00**

**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 41 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Bob Lewandowski**

Mailing Address 11105 Carriage Hill Dr

City Chagrin Falls State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11AI.5334**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Lewis**

Mailing Address 2940 Callender Rd

City Rome State OH Zip Code 44085

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

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015

**Transaction ID : SA11AI.5120**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD LILLY**

Mailing Address 1575 CHAPEL RD

City JEFERSON State OH Zip Code 44047

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11AI.5239**

Amount of Each Receipt this Period  
 Contribution 50.00

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

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

1100.00

**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 42 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Richard Lynch</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 224 Grand Harbour		<b>Transaction ID : SA11AI.5043</b>
City Vermilion	State OH	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Self Employed	Occupation Attorney	Contribution 100.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN MADEJA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 9355 BUENA VISTA DR		<b>Transaction ID : SA11AI.5315</b>
City MENTOR	State OH	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 50.00
Name of Employer RETIRED	Occupation RETIRED	Contribution 50.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN MALLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2015
Mailing Address 101 WYNEWOOD PL		<b>Transaction ID : SA11AI.5224</b>
City CHARDON	State OH	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Retired	Occupation Retired	Contribution 100.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 43 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Silvio Margiotta**

Mailing Address 1746 Beech Grove Trl

City State Zip Code  
Chagrin Falls OH 44023

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  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 15 2015

**Transaction ID : SA11AI.5274**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Brad Marston**

Mailing Address 90 Beacon St.  
Unit 2

City State Zip Code  
Boston MA 02108

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

Name of Employer Occupation  
FourTier Strategies Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
15.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 21 2015

**Transaction ID : SA11AI.5356**

Amount of Each Receipt this Period  
 5.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**John McCarty**

Mailing Address 8321 center St

City State Zip Code  
Garrettsville OH 44231

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  
40.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 11 2015

**Transaction ID : SA11AI.5045**

Amount of Each Receipt this Period  
 40.00  
 Contribution

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 44 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

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

Mailing Address 121 Meadow Ln

City Solon State OH Zip Code 44139

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.5195**

Amount of Each Receipt this Period  
 Contribution 30.00

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

Mailing Address 3084 Polly Road

City Ravenna State OH Zip Code 44266

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5063**

Amount of Each Receipt this Period  
 Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH MERSNIK**

Mailing Address 16973 CHILLICOTHE RD

City CHAGRIN FALLS State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : SA11AI.5319**

Amount of Each Receipt this Period  
 Contribution 50.00

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

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

180.00

**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 45 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Milanich**

Mailing Address 165 Paradise Rd.

City Painesville State OH Zip Code 44077

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 **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.5177**

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

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Miller**

Mailing Address 35754 Galalina Bv

City Eastlake State OH Zip Code 44095

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.5261**

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

**C.** Full Name (Last, First, Middle Initial)  
**Mark Mills**

Mailing Address 96 Signal Hill

City Chagrin Falls State OH Zip Code 44023

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

Name of Employer Self Employed Occupation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : SA11AI.5105**

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

**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: PAGE 46 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Andrew Mills**

Mailing Address 5883 Wilson Mills Rd

City Highland Heights State OH Zip Code 44143

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

Name of Employer Self Employed Occupation Insurance Agency Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.5154**

Amount of Each Receipt this Period  
 Contribution 5.00

**B.** Full Name (Last, First, Middle Initial)  
**Barry Momyer**

Mailing Address PO Box 104

City Hopedale State OH Zip Code 43976

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

Name of Employer AM Health & Safety Occupation Industrial Hygiene Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.5236**

Amount of Each Receipt this Period  
 Contribution 25.00

**C.** Full Name (Last, First, Middle Initial)  
**LES MONROE**

Mailing Address 34418 CLAYTHORNE DR

City SOLON State OH Zip Code 44139

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5066**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

1030.00

**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 47 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. DORIS MULLINS</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 275 PARKVIEW DR		<b>Transaction ID : SA11AI.5234</b>	
City AURORA	State OH	Zip Code 44202	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>B. Mary Mumper</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address 4242 Hile Rd.		<b>Transaction ID : SA11AI.5227</b>	
City Stow	State OH	Zip Code 44224	Amount of Each Receipt this Period Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 70.00		

Full Name (Last, First, Middle Initial) <b>C. Catherine Neuhart</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2015	
Mailing Address 18508 Woodsfield Rd		<b>Transaction ID : SA11AI.5036</b>	
City Caldwell	State OH	Zip Code 43724	Amount of Each Receipt this Period Contribution 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 48 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Linda O'Brien**

Mailing Address 14665 Shire Ct

City State Zip Code  
Novelty OH 44072

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : SA11AI.5352**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Charles Owen**

Mailing Address 38160 Rogers Rd

City State Zip Code  
Willoughby Hills OH 44094

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 11 2015

**Transaction ID : SA11AI.5252**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Hilda Paetzel**

Mailing Address 18369 Quinn Rd.

City State Zip Code  
Chagrin Falls OH 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 09 2015

**Transaction ID : SA11AI.5128**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**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 49 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Nicole Palmer**

Mailing Address 130 Stone Valley Dr

City Granville State OH Zip Code 43023

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

Name of Employer Homemaker Occupation Homemaker

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  
 10 / 26 / 2015

**Transaction ID : SA11AI.5102**

Amount of Each Receipt this Period  
 Contribution **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Karen Paradise**

Mailing Address 17081 Creighton Dr

City Auburn Twp State OH Zip Code 44023

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

Name of Employer Nestle Occupation Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **15.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.5278**

Amount of Each Receipt this Period  
 Contribution **15.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carolyn Patton**

Mailing Address 35336 Martin Dr

City Willoughby Hills State OH Zip Code 44094-8311

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 **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11AI.5210**

Amount of Each Receipt this Period  
 Contribution **100.00**

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

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

**1115.00**

**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 50 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Carolyn Patton**

Mailing Address 35336 Martin Dr

City Willoughby Hills State OH Zip Code 44094-8311

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 **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : SA11AI.5326**

Amount of Each Receipt this Period  
 Contribution **100.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Paulitsch**

Mailing Address 18438 Munn Rd

City Chagrin Falls State OH Zip Code 44023

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

Name of Employer Owner Occupation Burton Scott

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  
 12 / 30 / 2015

**Transaction ID : SA11AI.5340**

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

**C.** Full Name (Last, First, Middle Initial)  
**JOHN PAVLIC**

Mailing Address 5561 KINSMAN RD

City Middle field State OH Zip Code 44062

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 **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2015

**Transaction ID : SA11AI.5034**

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

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

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

**650.00**

**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 51 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL PETTI**

Mailing Address 226 S PARK DR

City State Zip Code  
AURORA OH 44202

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  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.5296**

Amount of Each Receipt this Period  
50.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Pat Pfeiler**

Mailing Address 651 Sturbridge Dr  
Unit 11

City State Zip Code  
Medina OH 44256

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

Name of Employer Occupation  
Chic Customer Service

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
50.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Pfenning**

Mailing Address 8162 Chagrin Rd.

City State Zip Code  
Chagrin Falls OH 44023

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 24 / 2015

**Transaction ID : SA11AI.5316**

Amount of Each Receipt this Period  
100.00  
Contribution

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 52 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**JULIE PFENNING**

Mailing Address 1536 SHEFFIELD RD

City SOUTH EUCLID State OH Zip Code 44121

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

Name of Employer Self Employed Occupation Paralegal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **75.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5059**

Amount of Each Receipt this Period  
 Contribution **25.00**

**B.** Full Name (Last, First, Middle Initial)  
**JULIE PFENNING**

Mailing Address 1536 SHEFFIELD RD

City SOUTH EUCLID State OH Zip Code 44121

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

Name of Employer Self Employed Occupation Paralegal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11AI.5213**

Amount of Each Receipt this Period  
 Contribution **25.00**

**C.** Full Name (Last, First, Middle Initial)  
**JULIE PFENNING**

Mailing Address 1536 SHEFFIELD RD

City SOUTH EUCLID State OH Zip Code 44121

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

Name of Employer Self Employed Occupation Paralegal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.5272**

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

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

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

**100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Betsy Phillips</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015	
Mailing Address 9148 Timothy Lane		<b>Transaction ID : SA11AI.5196</b>	
City Kirtland	State OH	Zip Code 44094	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 50.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 100.00	

Full Name (Last, First, Middle Initial) <b>B. Rita Politzer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 7456 Mountain Park Dr		<b>Transaction ID : SA11AI.5181</b>	
City Concord	State OH	Zip Code 44060	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 20.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 20.00	

Full Name (Last, First, Middle Initial) <b>C. Rita Politzer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2015	
Mailing Address 7456 Mountain Park Dr		<b>Transaction ID : SA11AI.5258</b>	
City Concord	State OH	Zip Code 44060	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period Contribution 50.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 70.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 54 OF 113  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Polomsky**

Mailing Address 3751 Porter Rd

City State Zip Code  
Rootstown OH 44272

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

Name of Employer Occupation  
Catholic Diocese Associate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA11AI.5223**

Amount of Each Receipt this Period  
 Contribution 25.00

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE PORTER**

Mailing Address 334 OVERLOOK BROOK DR

City State Zip Code  
CHAGRIN FALLS OH 44023

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.5197**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Johnny Price**

Mailing Address 15740 Auburn Rd

City State Zip Code  
Newbury OH 44065

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  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : SA11AI.5107**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

1125.00

**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 55 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Julie Prince</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 2703 Ambridge Dr		<b>Transaction ID : SA11AI.5206</b>
City Avon	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Greenair	Occupation Owner	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. GEORGE QUAY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
Mailing Address 17075 Savage Rd		<b>Transaction ID : SA11AI.5219</b>
City CHAGRIN FALLS	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Save Systems	Occupation Owner	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>C. Kerri Lynch Quay</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 18818 Shaw Rd		<b>Transaction ID : SA11AI.5313</b>
City Chagrin Falls	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer Lynch & Lynch Co LPA	Occupation administration	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Janina Ramunas**

Mailing Address 7719 Clarion Dr

City State Zip Code  
Chagrin Falls OH 44022

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  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 16 2015

**Transaction ID : SA11AI.5056**

Amount of Each Receipt this Period  
 2700.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Rudolf Rendesi**

Mailing Address 17713 Sedalia Ave

City State Zip Code  
Cleveland OH 44135

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 18 2015

**Transaction ID : SA11AI.5293**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**BRYAN REO**

Mailing Address 7143 RIPPLING BROOK LANE

City State Zip Code  
MENTOR OH 44060

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

Name of Employer Occupation  
Self Employed student

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  
 10 16 2015

**Transaction ID : SA11AI.5060**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

3050.00

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

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

FOR LINE NUMBER: PAGE 57 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Richardson**

Mailing Address 129 1st St

City State Zip Code  
Wadsworth OH 44281

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  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 04 2015

**Transaction ID : SA11AI.5117**

Amount of Each Receipt this Period  
 Contribution 20.00

**B.** Full Name (Last, First, Middle Initial)  
**Bonnie Riedel**

Mailing Address 37225 Windy Hill Ln

City State Zip Code  
Solon OH 44139

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 14 2015

**Transaction ID : SA11AI.5266**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Riedel**

Mailing Address 23311 Elm Rd

City State Zip Code  
N Olmsted OH 44070

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  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 14 2015

**Transaction ID : SA11AI.5264**

Amount of Each Receipt this Period  
 Contribution 25.00

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 58 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**James Ritchie**

Mailing Address 17531 Lakesedge Trl

City State Zip Code  
Chagrin Falls OH 44023

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  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 15 2015

**Transaction ID : SA11AI.5280**

Amount of Each Receipt this Period  
 Contribution 50.00

**B.** Full Name (Last, First, Middle Initial)  
**Sal Rizzo**

Mailing Address 35 Wintergreen Hill Dr

City State Zip Code  
Painesville OH 44077

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  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 23 2015

**Transaction ID : SA11AI.5186**

Amount of Each Receipt this Period  
 Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Roehrenbeck**

Mailing Address 1714 Tuscarora

City State Zip Code  
Grove City OH 43123

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

Name of Employer Occupation  
Roehrenbeck Electric Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 09 2015

**Transaction ID : SA11AI.5132**

Amount of Each Receipt this Period  
 Contribution 100.00

**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 59 OF 113  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Dot Rogel**

Mailing Address 2780 Donals Ross Rd E

City Sarasota State FL Zip Code 34240

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA11AI.5221**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mike Russo**

Mailing Address 4568 Mayfield Rd #204

City Cleveland State OH Zip Code 44121

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

Name of Employer Eagle Communications Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : SA11AI.5040**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Mike Russo**

Mailing Address 4568 Mayfield Rd #204

City Cleveland State OH Zip Code 44121

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

Name of Employer Eagle Communications Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : SA11AI.5074**

Amount of Each Receipt this Period  
 Contribution 50.00

**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 60 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Patrick Ryan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2015	
Mailing Address 5710 Trystin Tree Rd		<b>Transaction ID : SA11AI.5136</b>	
City Medina	State OH	Zip Code 44256	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>B. David Saifman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2015	
Mailing Address 901 Balboa Ct		<b>Transaction ID : SA11AI.5241</b>	
City Painesville	State OH	Zip Code 44077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00		

Full Name (Last, First, Middle Initial) <b>C. Karen Samsonas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2015	
Mailing Address 9010 Bainbridge Rd		<b>Transaction ID : SA11AI.5276</b>	
City Chagrin Falls	State OH	Zip Code 44023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Retired	Occupation Teacher		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 61 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. MARLIS SCHMIDT**

Mailing Address **8168 MENTOR AVE**

City **MENTOR** State **OH** Zip Code **44060**

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 **20.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 07 / 2015**

**Transaction ID : SA11AI.5232**

Amount of Each Receipt this Period  
**20.00**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Paul Schoeneman**

Mailing Address **7248 Jackson St**

City **Mentor** State **OH** Zip Code **44060**

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 **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2015**

**Transaction ID : SA11AI.5080**

Amount of Each Receipt this Period  
**100.00**  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Kathy Sciria**

Mailing Address **9865 Highland Dr**

City **Brecksville** State **OH** Zip Code **44141**

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

Name of Employer **N/A** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 17 / 2015**

**Transaction ID : SA11AI.5152**

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

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

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

**170.00**

**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 62 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**JACQUELYN SEARFOSS**

Mailing Address 8330 State Route 14

City State Zip Code  
STREETSBORO OH 44241

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

Name of Employer Occupation  
Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
30.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SA11AI.5142**

Amount of Each Receipt this Period  
30.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**JUDITH SHIBATA**

Mailing Address 560-1 POND RUN  
Unit 1

City State Zip Code  
AURORA OH 44202

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  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : SA11AI.5283**

Amount of Each Receipt this Period  
50.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**George Shoda**

Mailing Address 4706 Maple St

City State Zip Code  
Willoughby OH 44094

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  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.5231**

Amount of Each Receipt this Period  
50.00  
Contribution

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

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

130.00

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

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

FOR LINE NUMBER: PAGE 63 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Irene Shulga**

Mailing Address 2729 Edgehill Rd

City Cleveland Hts. State OH Zip Code 44106

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5053**

Amount of Each Receipt this Period  
 200.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**GINA SKERIOTIS**

Mailing Address 967 TERSHELL TRL

City MOGADORE State OH Zip Code 44260

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

Name of Employer S & K Asphalt & Concrete Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.5189**

Amount of Each Receipt this Period  
 1400.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**PAULA A SKRZYPEK**

Mailing Address 6612 Hidden Lake Trl

City Brecksville State OH Zip Code 44141

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015

**Transaction ID : SA11AI.5118**

Amount of Each Receipt this Period  
 25.00  
 Contribution

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

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

1625.00

**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 64 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Miriam Smotek**

Mailing Address 38 Daisy Ln

City Chagrin Falls State OH Zip Code 44022

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.5298**

Amount of Each Receipt this Period  
 Contribution 10.00

**B.** Full Name (Last, First, Middle Initial)  
**Gerald Sneller**

Mailing Address 291 E 218th St

City Euclid State OH Zip Code 44123

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.5338**

Amount of Each Receipt this Period  
 Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Stevie Snook**

Mailing Address 18275 Haskins Rd.

City Chagrin Falls State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5071**

Amount of Each Receipt this Period  
 Contribution 50.00

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

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

160.00

**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 65 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Joni Soeder**

Mailing Address 2554 Milford Rd

City State Zip Code  
University Hts OH 44118

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SA11A1.5146**

Amount of Each Receipt this Period  
Contribution 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Christine Spano**

Mailing Address 12725 Lake Shore Blvd

City State Zip Code  
Bratenahl OH 44108

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  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SA11A1.5247**

Amount of Each Receipt this Period  
Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Bonnie Stein**

Mailing Address 6849 Paula Dr

City State Zip Code  
Cleveland OH 44130

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

Name of Employer Occupation  
Best Efforts Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11A1.5291**

Amount of Each Receipt this Period  
Contribution 100.00

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

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

1650.00

**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 66 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Dale Stein**

Mailing Address 684 Jaeger Ct

City Avon Lake State OH Zip Code 44012

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

Name of Employer Self Employed Occupation Football Official

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11AI.5200**

Amount of Each Receipt this Period  
 Contribution 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Claudine Steinfurth**

Mailing Address 10809 Timber Ln

City Auburn Twp State OH Zip Code 44023

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

Name of Employer Self Employed Occupation Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : SA11AI.5305**

Amount of Each Receipt this Period  
 Contribution 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Loretta Stephan**

Mailing Address 102 Royal Oak Dr

City Aurora State OH Zip Code 44202

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : SA11AI.5321**

Amount of Each Receipt this Period  
 Contribution 25.00

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 67 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**NATHALEE STONE**

Mailing Address 18330 SHAE RD

City State Zip Code  
CHAGRIN FALLS OH 44023

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  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : SA11AI.5069**

Amount of Each Receipt this Period  
50.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Ernest L Storch**

Mailing Address 731 Mae Street

City State Zip Code  
Kent OH 44240

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

Name of Employer Occupation  
Self Employed Tool & Cutter Grinder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : SA11AI.5088**

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Amanda Suffecool**

Mailing Address 9003 Newton Falls  
Box 77

City State Zip Code  
Wayland OH 44285

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

Name of Employer Occupation  
Target Thing Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2015

**Transaction ID : SA11AI.5093**

Amount of Each Receipt this Period  
100.00

Contribution

**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: (check only one)	PAGE 68 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Carl Szabo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015	
Mailing Address PO Box 918		<b>Transaction ID : SA11AI.5342</b>	
City Westfield Center	State OH	Zip Code 44251	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>B. Elsie Tarczy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2015	
Mailing Address 1091 Sheerbrook Dr.		<b>Transaction ID : SA11AI.5112</b>	
City Chagrin Falls	State OH	Zip Code 44022	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>C. Chuck Thomasen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 7221 Lancaster Ct		<b>Transaction ID : SA11AI.5171</b>	
City Painesville	State OH	Zip Code 44077	Amount of Each Receipt this Period Contribution 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> This Period (last page this line number only).....	215.00

**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 69 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Denny Toth</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2015	
Mailing Address 8790 Taylor May Rd		<b>Transaction ID : SA11AI.5270</b>	
City Chagrin Falls	State OH	Zip Code 44023	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>B. Patricia Toth</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2015	
Mailing Address 11950 Summers Dr		<b>Transaction ID : SA11AI.5301</b>	
City Chesterland	State OH	Zip Code 44026	Amount of Each Receipt this Period Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Progressive Insurance	Occupation Insurance underwriter		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00		

Full Name (Last, First, Middle Initial) <b>C. Chris Valigore</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2015	
Mailing Address 9380 Mayfield Rd		<b>Transaction ID : SA11AI.5150</b>	
City Chesterland	State OH	Zip Code 44026	Amount of Each Receipt this Period Contribution 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Registered Nurse		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	170.00

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

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

FOR LINE NUMBER: PAGE 70 OF 113  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA VENTIMIGLIA**

Mailing Address 13412 SHADY LANE

City State Zip Code  
CHESTERLAND OH 44026

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

Name of Employer Occupation  
Ventco Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 16 2015

**Transaction ID : SA11AI.5054**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**John L Volanski**

Mailing Address 55 Wilmington Drive

City State Zip Code  
Painseville OH 44077

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  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 30 2015

**Transaction ID : SA11AI.5198**

Amount of Each Receipt this Period  
 50.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Karen Weaver**

Mailing Address 8774 Washington St

City State Zip Code  
Chagrin Falls OH 44023

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  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : SA11AI.5354**

Amount of Each Receipt this Period  
 25.00  
 Contribution

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

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

175.00

**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 71 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Dean Weemhoff</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Mailing Address 17222 Eastview Dr		<b>Transaction ID : SA11AI.5282</b>
City Chagrin Falls	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Beacon Financial	Occupation CFP	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) <b>B. Tom Welch</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address 8373 Old Forest St		<b>Transaction ID : SA11AI.5173</b>
City Massillon	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer East Mfg	Occupation Sales/marketing	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>C. Diane Winans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 15945 Arbor Trail		<b>Transaction ID : SA11AI.5081</b>
City Newbury	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 72 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Diane Winans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 15945 Arbor Trail		<b>Transaction ID : SA11AI.5233</b>
City Newbury	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00	

Full Name (Last, First, Middle Initial) <b>B. Lowell Wolfe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 15266 Chillicothe Rd		<b>Transaction ID : SA11AI.5087</b>
City Novelty	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2500.00
Name of Employer NASA	Occupation Researcher	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Workman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 13554 Hale Rd		<b>Transaction ID : SA11AI.5238</b>
City Burton	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 73 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**Dianne Worley**

Mailing Address 150 N Pintail Dr

City Chagrin Falls State OH Zip Code 44023

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

Name of Employer Select Cars Occupation Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.5156**

Amount of Each Receipt this Period  
 10.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**GINA ZAHN**

Mailing Address 8777 CARNES RD

City CHARGIN FALLS State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.5070**

Amount of Each Receipt this Period  
 50.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**GINA ZAHN**

Mailing Address 8777 CARNES RD

City CHARGIN FALLS State OH Zip Code 44023

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : SA11AI.5160**

Amount of Each Receipt this Period  
 10.00

Contribution

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

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

70.00

**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 74 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Helen Ziolkowski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 638 Beaver Ridge Trl		<b>Transaction ID : SA11Al.5325</b>	
City Broadview Hts	State OH	Zip Code 44147	Amount of Each Receipt this Period Contribution 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25.00
<b>TOTAL</b> This Period (last page this line number only).....	43053.00

**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 75 OF 113
	<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)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**CITIZENS UNITED POLITICAL VICTORY FUND**

Mailing Address 1006 PENNSYLVANIA AVE. SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00295527

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11C.5364**

Amount of Each Receipt this Period  
 Contribution 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

2500.00

**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 76 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. MATT LYNCH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015	
Mailing Address 17392 SUGAR HILL TRAIL		<b>Transaction ID : SA11D.5479</b>	
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Receipt this Period _____ 350.00 In-kind - OFFICE SPACE
FEC ID number of contributing federal political committee. <b>C H4OH14110</b>			
Name of Employer Lynch & Lynch Co LPA	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 719.50		

Full Name (Last, First, Middle Initial) <b>B. MATT LYNCH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015	
Mailing Address 17392 SUGAR HILL TRAIL		<b>Transaction ID : SA11D.5486</b>	
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Receipt this Period _____ 50.00 In-kind - OFFICE SIGN
FEC ID number of contributing federal political committee. <b>C H4OH14110</b>			
Name of Employer Lynch & Lynch Co LPA	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 769.50		

Full Name (Last, First, Middle Initial) <b>C. MATT LYNCH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015	
Mailing Address 17392 SUGAR HILL TRAIL		<b>Transaction ID : SA11D.5492</b>	
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Receipt this Period _____ 150.00 In-kind - CAMPAIGN SPECIFIC VEHICLE
FEC ID number of contributing federal political committee. <b>C H4OH14110</b>			
Name of Employer Lynch & Lynch Co LPA	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 919.50		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 550.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



**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 78 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**MATT LYNCH**

Mailing Address 17392 SUGAR HILL TRAIL

City CHAGRIN FALLS State OH Zip Code 44023

FEC ID number of contributing federal political committee. **C H4OH14110**

Name of Employer Lynch & Lynch Co LPA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1819.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 01 / 2015**

**Transaction ID : SA11D.5483**

Amount of Each Receipt this Period  
**350.00**

In-kind - OFFICE SPACE

**B.** Full Name (Last, First, Middle Initial)  
**MATT LYNCH**

Mailing Address 17392 SUGAR HILL TRAIL

City CHAGRIN FALLS State OH Zip Code 44023

FEC ID number of contributing federal political committee. **C H4OH14110**

Name of Employer Lynch & Lynch Co LPA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1869.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 01 / 2015**

**Transaction ID : SA11D.5490**

Amount of Each Receipt this Period  
**50.00**

In-kind - OFFICE SIGN

**C.** Full Name (Last, First, Middle Initial)  
**MATT LYNCH**

Mailing Address 17392 SUGAR HILL TRAIL

City CHAGRIN FALLS State OH Zip Code 44023

FEC ID number of contributing federal political committee. **C H4OH14110**

Name of Employer Lynch & Lynch Co LPA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2019.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 01 / 2015**

**Transaction ID : SA11D.5496**

Amount of Each Receipt this Period  
**150.00**

In-kind - CAMPAIGN SPECIFIC VEHICLE

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

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

**550.00**

**1650.00**

**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 79 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

**A.** Full Name (Last, First, Middle Initial)  
**AMAZON.COM**

Mailing Address 1200 12TH AVE S  
SUITE 1200

City SEATTLE State WA Zip Code 98144-2734

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7.46**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : SA14.5411**

Amount of Each Receipt this Period  
**7.46**  
 OFFICE SUPPLIES - FOLDERS - REFUND

**B.** Full Name (Last, First, Middle Initial)  
**NET ATLANTIC, INC.**

Mailing Address 10 FEDERAL ST.

City SALEM State MA Zip Code 01970

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **410.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : SA14.5409**

Amount of Each Receipt this Period  
**410.00**  
 WEB SERVICES - EMAIL - REFUND

**C.** Full Name (Last, First, Middle Initial)  
**SALEM MEDIA GROUP, LLC.**

Mailing Address 4 SUMMIT PARK DR., SUITE #150

City INDEPENDENCE State OH Zip Code 44131

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1024.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : SA14.5428**

Amount of Each Receipt this Period  
**1024.25**  
 Offsets Duplicate Payment

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

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

**1441.71**

**1441.71**

**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 80 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Accurate Append, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 1511 3rd Ave Suite 621		Amount of Each Disbursement this Period 346.50
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement WEB SERVICES - EMAIL	Transaction ID : SB17.5378
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>B. Accurate Append, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 1511 3rd Ave Suite 621		Amount of Each Disbursement this Period 1939.38
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement WEB SERVICES - EMAIL	Transaction ID : SB17.5379
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>C. AMAZON.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 1200 12TH AVE S SUITE 1200		Amount of Each Disbursement this Period 12.80
City SEATTLE	State WA	
Zip Code 98144-2734	Purpose of Disbursement OFFICE SUPPLIES - LABELS	Transaction ID : SB17.5375
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2298.68
<b>TOTAL</b> 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 81 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. AMAZON.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 1200 12TH AVE S SUITE 1200		Amount of Each Disbursement this Period 7.46
City SEATTLE State WA Zip Code 98144-2734	Purpose of Disbursement OFFICE SUPPLIES - FOLDERS	
Candidate Name	Category/Type	Transaction ID : SB17.5410
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>B. Birdeye</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 120 East Liberty		Amount of Each Disbursement this Period 900.00
City Wooster State OH Zip Code 44691	Purpose of Disbursement Video Production	
Candidate Name	Category/Type	Transaction ID : SB17.5420
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>C. BISTRO CACAO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 320 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 66.32
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL - FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.5441
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	973.78
<b>TOTAL</b> 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 82 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Melissa Bohanan</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015	
Mailing Address 2916 Bohanan Rd			Amount of Each Disbursement this Period 500.00	
City Morristown	State TN	Zip Code 37813	Transaction ID : SB17.5465	
Purpose of Disbursement SOCIAL MEDIA CONSULTANT		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>B. Melissa Bohanan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015	
Mailing Address 2916 Bohanan Rd			Amount of Each Disbursement this Period 99.00	
City Morristown	State TN	Zip Code 37813	Transaction ID : SB17.5446	
Purpose of Disbursement REIMBURSEMENT FOR DROPBOX FEES		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>C. Melissa Bohanan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015	
Mailing Address 2916 Bohanan Rd			Amount of Each Disbursement this Period 500.00	
City Morristown	State TN	Zip Code 37813	Transaction ID : SB17.5453	
Purpose of Disbursement SOCIAL MEDIA CONSULTANT		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1099.00
<b>TOTAL</b> 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 83 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Melissa Bohanan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 2916 Bohanan Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5422</b>
City Morristown	State TN	
Zip Code 37813	Purpose of Disbursement SOCIAL MEDIA CONSULTANT	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>B. Bolton Republican Women's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 505 Liberty Street.		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.5434</b>
City Painesville	State OH	
Zip Code 44077	Purpose of Disbursement Event - Tickets	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>C. CLEVELAND PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 8311 E WASHINGTON ST		Amount of Each Disbursement this Period 121.95 <b>Transaction ID : SB17.5374</b>
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement FOOD - VOLUNTEER	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	681.95
<b>TOTAL</b> 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 84 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. CLEVELAND PIZZA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015	
Mailing Address 8311 E WASHINGTON ST			Amount of Each Disbursement this Period 45.00	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.5393	
Purpose of Disbursement FOOD - VOLUNTEER		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>B. Colors Audio</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015	
Mailing Address 2215 E. Waterloo Rd. #301			Amount of Each Disbursement this Period 347.00	
City Akron	State OH	Zip Code 44312	Transaction ID : SB17.5462	
Purpose of Disbursement ADVERTISING - VOICE SERVICES		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>c. Colors Audio</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015	
Mailing Address 2215 E. Waterloo Rd. #301			Amount of Each Disbursement this Period 800.00	
City Akron	State OH	Zip Code 44312	Transaction ID : SB17.5472	
Purpose of Disbursement ADVERTISING - VOICE SERVICES		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1192.00
<b>TOTAL</b> 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 85 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Tom Coste</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 5211 Mayfield Rd		Amount of Each Disbursement this Period 200.00
City Cleveland	State OH Zip Code 44124	
Purpose of Disbursement In-kind - Food - Volunteers		<b>Transaction ID : SB17.5413</b>
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cybersource/Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 808 E. Utah Valley Dr		Amount of Each Disbursement this Period 30.10
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement MERCHANT FEES		<b>Transaction ID : SB17.5502</b>
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cybersource/Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 808 E. Utah Valley Dr		Amount of Each Disbursement this Period 25.00
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement MERCHANT FEES		<b>Transaction ID : SB17.5503</b>
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)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	255.10
<b>TOTAL</b> 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 86 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Cybersource/Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address 808 E. Utah Valley Dr		Amount of Each Disbursement this Period 18.56 <b>Transaction ID : SB17.5506</b>
City American Fork	State UT	
Purpose of Disbursement MERCHANT FEES - CARD PROCESSING		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>B. Cybersource/Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 808 E. Utah Valley Dr		Amount of Each Disbursement this Period 27.10 <b>Transaction ID : SB17.5500</b>
City American Fork	State UT	
Purpose of Disbursement MERCHANT FEES		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>c. Cybersource/Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 808 E. Utah Valley Dr		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.5501</b>
City American Fork	State UT	
Purpose of Disbursement MERCHANT FEES		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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70.66
<b>TOTAL</b> 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 87 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Cybersource/Authorize.net</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address 808 E. Utah Valley Dr			Amount of Each Disbursement this Period 125.31	
City American Fork	State UT	Zip Code 84003	Transaction ID : SB17.5507	
Purpose of Disbursement MERCHANT FEES - CARD PROCESSING		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>B. Cybersource/Authorize.net</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 808 E. Utah Valley Dr			Amount of Each Disbursement this Period 25.00	
City American Fork	State UT	Zip Code 84003	Transaction ID : SB17.5504	
Purpose of Disbursement MERCHANT FEES		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>c. Cybersource/Authorize.net</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 808 E. Utah Valley Dr			Amount of Each Disbursement this Period 5.39	
City American Fork	State UT	Zip Code 84003	Transaction ID : SB17.5505	
Purpose of Disbursement MERCHANT FEES		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155.70
<b>TOTAL</b> 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 88 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Cybersource/Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 808 E. Utah Valley Dr		Amount of Each Disbursement this Period 66.01
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement MERCHANT FEES - CARD PROCESSING	Transaction ID : SB17.5508
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>B. DDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 55 M STREET SE SUITE 400		Amount of Each Disbursement this Period 2.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement TRAVEL - PARKING	Transaction ID : SB17.5443
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>C. DROPBOX, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 185 BERRY ST. SUITE 400		Amount of Each Disbursement this Period 99.00
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement WEB SERVICES - STORAGE - TZ	Transaction ID : SB17.5386
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	167.01
<b>TOTAL</b> 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 89 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. DROPBOX, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 185 BERRY ST. SUITE 400		Amount of Each Disbursement this Period 99.00
City SAN FRANCISCO	State CA Zip Code 94107	
Purpose of Disbursement WEB SERVICES - STORAGE - KQ	Category/Type	<b>Transaction ID : SB17.5395</b>
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>B. Excel Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 17800 Chillicothe Rd.		Amount of Each Disbursement this Period 100.17
City Chagrin Falls	State OH Zip Code 44023	
Purpose of Disbursement Printing Services	Category/Type	<b>Transaction ID : SB17.5461</b>
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>c. Excel Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 17800 Chillicothe Rd.		Amount of Each Disbursement this Period 141.31
City Chagrin Falls	State OH Zip Code 44023	
Purpose of Disbursement Printing Services	Category/Type	<b>Transaction ID : SB17.5471</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	340.48
<b>TOTAL</b> 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 90 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Excel Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 17800 Chillicothe Rd.		Amount of Each Disbursement this Period 2285.83
City Chagrin Falls	State OH	
Purpose of Disbursement Printing Services	Category/ Type	
Candidate Name	Transaction ID : SB17.5426	
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>B. Excel Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address 17800 Chillicothe Rd.		Amount of Each Disbursement this Period 1553.96
City Chagrin Falls	State OH	
Purpose of Disbursement LIT DROP BAG STUFFING	Category/ Type	
Candidate Name	Transaction ID : SB17.5477	
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>C. Excel Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 17800 Chillicothe Rd.		Amount of Each Disbursement this Period 1553.96
City Chagrin Falls	State OH	
Purpose of Disbursement Printing Services	Category/ Type	
Candidate Name	Transaction ID : SB17.5447	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5393.75
<b>TOTAL</b> 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 91 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Excel Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 17800 Chillicothe Rd.		Amount of Each Disbursement this Period 132.48
City Chagrin Falls	State OH	
Zip Code 44023	Purpose of Disbursement Printing Services	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>B. Four Tier Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 1800.00
City Roslindale	State MA	
Zip Code 02131	Purpose of Disbursement Advertising - Digital	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>c. Four Tier Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2454.82
City Roslindale	State MA	
Zip Code 02131	Purpose of Disbursement Advertising - Digital	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4387.30
<b>TOTAL</b> 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 92 OF 113		
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Four Tier Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : SB17.5457</b>
City Roslindale	State MA Zip Code 02131	
Purpose of Disbursement Advertising - Digital	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>B. Four Tier Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 5035.39 <b>Transaction ID : SB17.5417</b>
City Roslindale	State MA Zip Code 02131	
Purpose of Disbursement Advertising - Digital	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>c. Four Tier Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : SB17.5456</b>
City Roslindale	State MA Zip Code 02131	
Purpose of Disbursement Advertising - Digital	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8635.39
<b>TOTAL</b> 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 93 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Getgo #3515</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 17675 Chillicothe Rd		Amount of Each Disbursement this Period 43.00
City Chagrin Falls	State OH	
Zip Code 44023	Purpose of Disbursement TRAVEL EXPENSES - TZ	Transaction ID : SB17.5394
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>B. GIANT EAGLE - BAINBRIDGE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 8515 TANGLEWOOD SQUARE		Amount of Each Disbursement this Period 34.00
City BAINBRIDGE TOWNSHIP	State OH	
Zip Code 44023	Purpose of Disbursement FOOD - VOLUNTEER	Transaction ID : SB17.5372
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>C. GIANT EAGLE - BAINBRIDGE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 8515 TANGLEWOOD SQUARE		Amount of Each Disbursement this Period 147.07
City BAINBRIDGE TOWNSHIP	State OH	
Zip Code 44023	Purpose of Disbursement POSTAGE	Transaction ID : SB17.5392
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	224.07
<b>TOTAL</b> 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 94 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. GIANT EAGLE - BAINBRIDGE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 8515 TANGLEWOOD SQUARE			Amount of Each Disbursement this Period 35.56
City BAINBRIDGE TOWNSHIP	State OH	Zip Code 44023	
Purpose of Disbursement FOOD - VOLUNTEER		Category/ Type	<b>Transaction ID : SB17.5367</b>
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>B. LAKE COUNTY REPUBLICAN PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 85 NORTH PARK PLACE			Amount of Each Disbursement this Period 140.00
City PAINESVILLE	State OH	Zip Code 44071	
Purpose of Disbursement Event - Tickets		Category/ Type	<b>Transaction ID : SB17.5424</b>
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>c. Charles Laughlin</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 25 Orton Rd			Amount of Each Disbursement this Period 379.73
City Painesville	State OH	Zip Code 44077	
Purpose of Disbursement REIMBURSEMENT FOR LIT DROP BAGS		Category/ Type	<b>Transaction ID : SB17.5474</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	555.29
<b>TOTAL</b> 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 95 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 350.00
City CHAGRIN FALLS	State OH Zip Code 44023	
Purpose of Disbursement In-kind - OFFICE SPACE	Category/Type	<b>Transaction ID : SB17.5480</b>
Candidate Name		
Office Sought: <input checked="" 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: OH District: 14		

Full Name (Last, First, Middle Initial) <b>B. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 50.00
City CHAGRIN FALLS	State OH Zip Code 44023	
Purpose of Disbursement In-kind - OFFICE SIGN	Category/Type	<b>Transaction ID : SB17.5487</b>
Candidate Name		
Office Sought: <input checked="" 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: OH District: 14		

Full Name (Last, First, Middle Initial) <b>C. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 150.00
City CHAGRIN FALLS	State OH Zip Code 44023	
Purpose of Disbursement In-kind - CAMPAIGN SPECIFIC VEHICLE	Category/Type	<b>Transaction ID : SB17.5493</b>
Candidate Name		
Office Sought: <input checked="" 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: OH District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.00
<b>TOTAL</b> 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 96 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.5482</b>
City CHAGRIN FALLS State OH Zip Code 44023	Purpose of Disbursement In-kind - OFFICE SPACE	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: OH District: 14		

Full Name (Last, First, Middle Initial) <b>B. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5489</b>
City CHAGRIN FALLS State OH Zip Code 44023	Purpose of Disbursement In-kind - OFFICE SIGN	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: OH District: 14		

Full Name (Last, First, Middle Initial) <b>C. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.5495</b>
City CHAGRIN FALLS State OH Zip Code 44023	Purpose of Disbursement In-kind - CAMPAIGN SPECIFIC VEHICLE	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: OH District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.00
<b>TOTAL</b> 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 97 OF 113		
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.5484</b>
City CHAGRIN FALLS	State OH Zip Code 44023	
Purpose of Disbursement In-kind - OFFICE SPACE	Category/Type	
Candidate Name		
Office Sought: <input checked="" 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: OH District: 14		

Full Name (Last, First, Middle Initial) <b>B. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5491</b>
City CHAGRIN FALLS	State OH Zip Code 44023	
Purpose of Disbursement In-kind - OFFICE SIGN	Category/Type	
Candidate Name		
Office Sought: <input checked="" 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: OH District: 14		

Full Name (Last, First, Middle Initial) <b>C. MATT LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 17392 SUGAR HILL TRAIL		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.5497</b>
City CHAGRIN FALLS	State OH Zip Code 44023	
Purpose of Disbursement In-kind - CAMPAIGN SPECIFIC VEHICLE	Category/Type	
Candidate Name		
Office Sought: <input checked="" 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: OH District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.00
<b>TOTAL</b> 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 98 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. MARATHON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 745 EAST ARCHWOOD ST.			Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.5384</b>
City AKRON	State OH	Zip Code 44306	
Purpose of Disbursement TRAVEL EXPENSES - TZ		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>B. MINISTRY IN MISSION</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 13442 SHADY LANE			Amount of Each Disbursement this Period 110.00 <b>Transaction ID : SB17.5468</b>
City CHESTERLAND	State OH	Zip Code 44026	
Purpose of Disbursement EVENT - TABLE		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>c. Nationbuilder</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 520 S. Grand Ave Second Floor			Amount of Each Disbursement this Period 939.00 <b>Transaction ID : SB17.5382</b>
City Los Angeles	State CA	Zip Code 90071	
Purpose of Disbursement WEB SERVICES - GENERAL		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1092.00
<b>TOTAL</b> 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 99 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Nationbuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 520 S. Grand Ave Second Floor		Amount of Each Disbursement this Period 999.00 <b>Transaction ID : SB17.5398</b>
City Los Angeles	State CA Zip Code 90071	
Purpose of Disbursement WEB SERVICES - GENERAL	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>B. Nationbuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 520 S. Grand Ave Second Floor		Amount of Each Disbursement this Period 999.00 <b>Transaction ID : SB17.5399</b>
City Los Angeles	State CA Zip Code 90071	
Purpose of Disbursement WEB SERVICES - GENERAL	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>C. NET ATLANTIC, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 10 FEDERAL ST.		Amount of Each Disbursement this Period 445.00 <b>Transaction ID : SB17.5403</b>
City SALEM	State MA Zip Code 01970	
Purpose of Disbursement WEB SERVICES - EMAIL	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2443.00
<b>TOTAL</b> 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 100 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. OFFICEMAX</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2015
Mailing Address 33605 AURORA RD			Amount of Each Disbursement this Period 48.73
City SOLON	State OH	Zip Code 44139	
Purpose of Disbursement PRINTING SERVICES		Candidate Name	Transaction ID : SB17.5454
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICEMAX</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2015
Mailing Address 33605 AURORA RD			Amount of Each Disbursement this Period 48.73
City SOLON	State OH	Zip Code 44139	
Purpose of Disbursement PRINTING SERVICES		Candidate Name	Transaction ID : SB17.5455
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Panera Bread</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 3630 S. Geyer Road			Amount of Each Disbursement this Period 32.78
City St. Louis	State MO	Zip Code 63127	
Purpose of Disbursement FOOD - STAFF MEETING		Candidate Name	Transaction ID : SB17.5376
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)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	130.24
<b>TOTAL</b> 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 101 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 3630 S. Geyer Road		Amount of Each Disbursement this Period 32.78
City St. Louis	State MO	
Zip Code 63127		
Purpose of Disbursement FOOD - STAFF MEETING		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 3630 S. Geyer Road		Amount of Each Disbursement this Period 32.78
City St. Louis	State MO	
Zip Code 63127		
Purpose of Disbursement FOOD - STAFF MEETING		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 3630 S. Geyer Road		Amount of Each Disbursement this Period 32.78
City St. Louis	State MO	
Zip Code 63127		
Purpose of Disbursement FOOD - STAFF MEETING		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.34
<b>TOTAL</b> 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 102 OF 113	
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 3630 S. Geyer Road		Amount of Each Disbursement this Period 40.62
City St. Louis	State MO	
Zip Code 63127	Purpose of Disbursement FOOD - STAFF MEETING	Transaction ID : SB17.5390
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>B. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 3630 S. Geyer Road		Amount of Each Disbursement this Period 34.07
City St. Louis	State MO	
Zip Code 63127	Purpose of Disbursement FOOD - STAFF MEETING	Transaction ID : SB17.5391
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>C. PATRIOT SIGNAGE INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 1001 SECOND AVE.		Amount of Each Disbursement this Period 1135.27
City DAYTON	State KY	
Zip Code 41074	Purpose of Disbursement ADVERTISING - YARD SIGN WIRES	Transaction ID : SB17.5401
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1209.96
<b>TOTAL</b> 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 103 OF 113	
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. Pine Lake Trout Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address P.O. Box 23282		Amount of Each Disbursement this Period 1687.31 <b>Transaction ID : SB17.5416</b>
City Chagrin Falls	State OH	
Zip Code 44023	Purpose of Disbursement Event - Marketing	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>B. PORTAGE COUNTY TEA PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address PO Box 253		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.5405</b>
City MOGADORE	State OH	
Zip Code 44260	Purpose of Disbursement EVENT - CHRISTMAS PARTY TICKETS	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>C. PORTRAIT INNOVATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1249 SOM CENTER RD		Amount of Each Disbursement this Period 75.59 <b>Transaction ID : SB17.5445</b>
City MAYFIELD HEIGHTS	State OH	
Zip Code 44124	Purpose of Disbursement PHOTOGRAPHY	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1812.90
<b>TOTAL</b> 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 104 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Proforma</b>		M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address PO Box 640814		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45264
Purpose of Disbursement Printing Services	Category/Type	
Candidate Name	Transaction ID : SB17.5463	
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)		Date of Disbursement
<b>B. Proforma</b>		M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address PO Box 640814		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45264
Purpose of Disbursement Printing Services	Category/Type	
Candidate Name	Transaction ID : SB17.5431	
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)		Date of Disbursement
<b>C. Proforma</b>		M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address PO Box 640814		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45264
Purpose of Disbursement Bumper Stickers	Category/Type	
Candidate Name	Transaction ID : SB17.5419	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1031.11
<b>TOTAL</b> 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 105 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. RAISED AND GLAZED</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 17800 CHILLICOTHE RD. SUITE 107		Amount of Each Disbursement this Period 20.00
City CHAGRIN FALLS	State OH Zip Code 44023	
Purpose of Disbursement FOOD - VOLUNTEER	Category/Type	<b>Transaction ID : SB17.5370</b>
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>B. Raise the Money, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address P.O. Box 26466		Amount of Each Disbursement this Period 0.57
City Little Rock	State AR Zip Code 72221	
Purpose of Disbursement MERCHANT FEES	Category/Type	<b>Transaction ID : SB17.5499</b>
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>C. RED, WINE &amp; BREW</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 8099 MAYFIELD RD.		Amount of Each Disbursement this Period 212.99
City CHESTERLAND	State OH Zip Code 44026	
Purpose of Disbursement EVENT SUPPLIES - BEVERAGES	Category/Type	<b>Transaction ID : SB17.5381</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	233.56
<b>TOTAL</b> 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 106 OF 113	
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. RED DIGITAL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address P.O. BOX 2512		Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 5000.00
City RESTON	State VA Zip Code 20195	
Purpose of Disbursement ADVERTISING	Candidate Name	Transaction ID : SB17.5451
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rock Creek Operations, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 2716 Blaine Drive		Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 3250.00
City Chevy Chase	State MD Zip Code 20815	
Purpose of Disbursement Compliance Services	Candidate Name	Transaction ID : SB17.5429
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. SALEM MEDIA GROUP, LLC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 4 SUMMIT PARK DR., SUITE #150		Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 1024.25
City INDEPENDENCE	State OH Zip Code 44131	
Purpose of Disbursement Duplicate Payment - See Offset	Candidate Name	Transaction ID : SB17.5427
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9274.25
<b>TOTAL</b> 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 107 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. SPEEDWAY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 1275 CANTON RD.		Amount of Each Disbursement this Period 30.00
City AKRON State OH Zip Code 44312	Purpose of Disbursement TRAVEL EXPENSES - TZ	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5397</b>
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>B. TRZ Business Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address P.O. Box 6211		Amount of Each Disbursement this Period 7450.24
City Akron State OH Zip Code 44312	Purpose of Disbursement ADVERTISING - TELEPHONE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5460</b>
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>C. TRZ Business Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address P.O. Box 6211		Amount of Each Disbursement this Period 3000.00
City Akron State OH Zip Code 44312	Purpose of Disbursement CONSULTING SERVICES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5476</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10480.24
<b>TOTAL</b> 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 108 OF 113	
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. TRZ Business Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address P.O. Box 6211		Amount of Each Disbursement this Period 1835.49 <b>Transaction ID : SB17.5432</b>
City Akron	State OH Zip Code 44312	
Purpose of Disbursement ADVERTISING - TELEPHONE		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>B. TRZ Business Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address P.O. Box 6211		Amount of Each Disbursement this Period 4928.96 <b>Transaction ID : SB17.5421</b>
City Akron	State OH Zip Code 44312	
Purpose of Disbursement ADVERTISING - TELEPHONE		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>C. ULINE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 12575 ULINE DRIVE		Amount of Each Disbursement this Period 580.26 <b>Transaction ID : SB17.5407</b>
City PLEASANT PRARIE	State WI Zip Code 53158	
Purpose of Disbursement ADVERTISING - LIT DROP BAGS		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7344.71
<b>TOTAL</b> 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 109 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address CHILLICOTHE RD		Amount of Each Disbursement this Period 980.00
City CHAGRIN FALLS	State OH Zip Code 44022	
Purpose of Disbursement POSTAGE	Candidate Name	Transaction ID : SB17.5368
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address CHILLICOTHE RD		Amount of Each Disbursement this Period 98.00
City CHAGRIN FALLS	State OH Zip Code 44022	
Purpose of Disbursement POSTAGE	Candidate Name	Transaction ID : SB17.5475
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address CHILLICOTHE RD		Amount of Each Disbursement this Period 588.00
City CHAGRIN FALLS	State OH Zip Code 44022	
Purpose of Disbursement POSTAGE	Candidate Name	Transaction ID : SB17.5423
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1666.00
<b>TOTAL</b> 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 110 OF 113	
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. STACY WESTERVELT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015	
Mailing Address 16575 WREN RD 3C			Amount of Each Disbursement this Period 410.00	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.5469	
Purpose of Disbursement Graphic Design		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>B. STACY WESTERVELT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 16575 WREN RD 3C			Amount of Each Disbursement this Period 600.00	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.5430	
Purpose of Disbursement Graphic Design		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>C. STACY WESTERVELT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015	
Mailing Address 16575 WREN RD 3C			Amount of Each Disbursement this Period 483.00	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.5452	
Purpose of Disbursement Graphic Design		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1493.00
<b>TOTAL</b> 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 111 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. STACY WESTERVELT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 16575 WREN RD 3C			Amount of Each Disbursement this Period 250.00	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.5418	
Purpose of Disbursement Graphic Design		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>B. STACY WESTERVELT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 16575 WREN RD 3C			Amount of Each Disbursement this Period 100.00	
City CHAGRIN FALLS	State OH	Zip Code 44023	Transaction ID : SB17.5425	
Purpose of Disbursement Graphic Design		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>C. WEST WING CAFE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 1111 PENNSYLVANIA AVE.			Amount of Each Disbursement this Period 42.34	
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SB17.5438	
Purpose of Disbursement TRAVEL - FOOD		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	392.34
<b>TOTAL</b> This Period (last page this line number only).....	66781.81

**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 112 OF 113			
	<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)  
**LYNCH FOR CONGRESS 16**

Full Name (Last, First, Middle Initial) <b>A. American Crane Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 7791 Taylor Rd SW		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20A.5470</b>
City Reynoldsburg	State OH Zip Code 43068	
Purpose of Disbursement REFUND OF ILLEGAL CONTRIBUTION		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>B. Kay Clymer</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 2235 Newark Rd		Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : SB20A.5498</b>
City Zanesville	State OH Zip Code 43701	
Purpose of Disbursement REFUND OF ACCIDENTAL DONATION		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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3700.00
<b>TOTAL</b> This Period (last page this line number only).....	3700.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4244

**LYNCH FOR CONGRESS 16**

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

**[PERSONAL FUNDS]**

Election: 2016

**MATT LYNCH**

Primary  
 General  
 Other (specify) ▼

Mailing Address

17392 SUGAR HILL TRAIL

City

State

ZIP Code

CHAGRIN FALLS

OH

44023

Original Amount of Loan

219.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

219.50

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

06

2015

N/A

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

219.50

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

219.50

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