FEC FORM 2 STATEMENT OF CANDIDACY

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	(a) Name of Candidate (in full) MATT LYNCH								
	(b) Address (number and street) 17392 SUGAR HILL TRAIL	□ Check if addres	ss changed		2. Candidate's F H4OH14110		ition Nu	mber	
	(c) City, State, and ZIP Code CHAGRIN FALLS					New	OR	X (A)	
4.	Party Affiliation	5. Office Sought			rict of Candidate	()			
	REPUBLICAN PARTY	House		OH	14				
	DE	SIGNATION OF PR	NCIPAL	CAMPAIGN		E			
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2018</u> election(s). (year of election)								
	NOTE: This designation should be t	iled with the appropriate offic	ce listed in the	ne instructions.					
	(a) Name of Committee (in full) LYNCH FOR CONG	RESS 16							
	(b) Address (number and street) 17477 CHILLICOTHE ROAD								
	(c) City, State, and ZIP Code								
	CHAGRIN FALLS			OH	44023				
8.	I boroby outborize the following per								
	 NOTE: This designation should be f (a) Name of Committee (in full) 	ned committee, which is NOT			nmittee, to receive	and expend	funds c	n behalf of my	
	candidacy.				nmittee, to receive	and expend	funds c	n behalf of my	
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full)				nmittee, to receive	and expend	funds c	n behalf of my	
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		ign committe	96.					
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	iled with the principal campa	ign committe	96.					
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i>	iled with the principal campa	ign committe	96.	nd belief it is true,				
M	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> ignature of Candidate	iled with the principal campa	ign committe the best of t	ee. my knowledge a ronically Filed]	nd belief it is true, Date 06/01/2016	correct and c	complet	e.	
M	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exa ignature of Candidate fatt Lynch	iled with the principal campa	ign committe the best of t	ee. my knowledge a ronically Filed]	nd belief it is true, Date 06/01/2016	correct and c	complet	e.	

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Form/Schedule: F2A Transaction ID :

The webform improperly designates this report as 'New'. This filing is an amendment to the Form 2 filed on 06/17/2015.

Form/Schedule: Transaction ID: