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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)				
Dennis Michael Lynch				O Condidatela FFO Idantif (1)
(b) Address (number and street) 501 P Rd	☐ Check if address changed			Candidate's FEC Identification Number     P60006954
(c) City, State, and ZIP Code				3. Is This New Amended
EH	NY	1193	7	Statement X (N) OR (A)
Party Affiliation	5. Office Sought		6. State & Dist	trict of Candidate
REPUBLICAN PARTY	Presidential			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE				
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)				
NOTE: This designation should be filed with the appropriate office listed in the instructions.				
(a) Name of Committee (in full)  DML FOR AMERICA	4			
(b) Address (number and street) 3370 NE 190TH STREET				
(c) City, State, and ZIP Code				
AVENTURA			FL	33180
AVEIVI OIO			. –	
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.				
NOTE: This designation should be filed with the principal campaign committee.				
(a) Name of Committee (in full)				
(b) Address (number and street)				
(c) City, State, and ZIP Code				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Signature of Candidate				Date
Dennis Michael Lynch		[Elect	ronically Filed]	04/22/2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.				
NOTE: Submission of false, erroneous,	or incomplete information n	nay subject t	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)