

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

FRANK LYNCH FOR CONGRESS INC

ADDRESS (number and street)

106 PINEVIEW RD

(Check if address is changed)

JUPITER

FL

33469

3114

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

FRANKLYNCH2014@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.FRANKLYNCH.ORG

2. DATE

03 / 31 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

(X)

NEW (N)

OR

()

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

FRANK LYNCH

Signature of Treasurer

Date

03 / 31 / 2014

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

14031202884

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|--------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> |
| 2. | _____ | FEC ID number | <input type="checkbox"/> |
| 3. | _____ | FEC ID number | <input type="checkbox"/> |
| 4. | _____ | FEC ID number | <input type="checkbox"/> |

14031202885

Write or Type Committee Name

FRANK LYNCH FOR CONGRESS INC

6. Name of any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name FRANK LYNCH

Mailing Address 106 PINEVIEW RD

[Empty grid lines for address]

JUPITER FL 33469 - 3114

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 561 - 746 - 9506

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer FRANK LYNCH

Mailing Address 106 PINEVIEW RD

[Empty grid lines for address]

JUPITER FL 33469 - 3114

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for position]

Telephone number [] - [] - []

14031202886

Full Name of Designated Agent

Mailing Address

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Title or Position Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address 150 TEQUESTA DRIVE

[Address line]

TEQUESTA FL 33469

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Address line]

Mailing Address

[Address line]

[Address line]

CITY

STATE




ZIP CODE

14031202887

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Washington DC 20463

Frank Lynga

Label 228, July 2013

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 PREPARER

4/4/14
 DATE PREPARED

14031202889