Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Eric Lynn for Congress PO Box 16991 ADDRESS (number and street) (Check if address is changed) St. Petersburg 33733 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fec@cfoconsults.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) EricLynnforCongress.com (Check if address is changed) DATE 2022 C00575233 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT 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 Wein, David,,, [Electronically Filed] 01 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	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 candinformation below.)	didate
	Name of Candidate Lynn, Eric, , ,	
	Party Affiliation DEM Sought: House Senate President	State FL
	(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 Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	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 committee. (i.e., nonconnected committee)	or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

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٧	Vrite or Type Committee Name			1 1.91
	Eric Lynn for C	ongress		
6.		ganization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leadersh	nip PAC Sponsor
	Mailing Address	PO Box 16991		
		St. Petersburg	FL 33733	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	g Representative L	eadership PAC Sponsor
7.	Custodian of Records: Identi	y by name, address (phone number optional) and position of	of the person in possession	on of committee
	Wein, David	,,,		
	Full Name			
	Mailing Address	200 18th Ave N		
		St. Petersburg	FL 33704	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone num	nber	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the nar	ne and address of
	Full Name Wein, David	,,,		
	of Treasurer			
	Mailing Address	200 18th Ave N		
		St. Petersburg	FL 33704	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone num	nber	

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Full Name of Designated Agent	Murray, Allison, , ,		
Mailing Address	One Park Row, 5th Floor		
	Providence	RI C	2903
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Compliance Dire	ctor	one number 401	454 0990
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the xes or maintains funds.	committee deposits funds	, holds accounts, rents
Name of Bank, [Depository, etc.		
	Bank of the Ozarks		
Mailing Address	158 Beach Dr NE		
	St. Petersburg	FL 3:	3701
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Capital One		
Mailing Address	PO Box 60		
	St. Cloud	MN 53	3602
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6,

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h). Joint Fundraisin	3 · ······					
1.			FEC	D ID number	C	_
2.			FEC	D ID number	С	
3.		1 1 1 1 1 1	FEC	D ID number	С	
4			FEC	C ID number	C	
ame of Any Connected	Organization, Affiliate	ed Committee, Joint	Fundraising	Representativ	e, or Leadership PAC S	pon
Mailing Address						
	1			I I . I	1	ı
Relationship:		CITY ▲		STATE A	ZIP CODE	_
Connected		filiated Committee		sing Represent	ative Leadership PA	
				sing Represent	ative Leadership PA	
Connected connec				ising Represent	ative Leadership PA	
Connected esignated Agent: Identify Full Name				sing Represent	ative Leadership PA	
Connected esignated Agent: Identify Full Name	by name, address (p		nal)		ative Leadership PA	C Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (p	phone number – optio	nal)			C Sp
Connected esignated Agent: Identify Full Name	by name, address (p	phone number – optio	nal)	STATE A		C Sp
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address (p	chone number – option	nal)	STATE A		C S _I
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fiety deposit boxes or mail	ries: List all banks or intains funds.	chone number – option	nal)	STATE A	ZIP CODE A	C S _I
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION And Provided the Identify Iden	ries: List all banks or unintains funds.	chone number – option	nal)	STATE A	ZIP CODE A	C Sp