

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2015 APR 15 AM 11:24

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

DML For America

ADDRESS (number and street)

3370 NE 190th Street

(Check if address is changed)

Aventura

FL

33180

CITY

STATE

ZIP CODE

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

(Check if address is changed)

dennismlynch@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

dml2016.com

2. DATE

04 / 13 / 2015

3. FEC IDENTIFICATION NUMBER

C

4. 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

John Roland

Signature of Treasurer

*John Roland*

Date

04 / 13 / 2015

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)

14111111

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 Dennis M Lynch

Candidate Party Affiliation Rep 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="text"/>
2.	_____	FEC ID number	<input type="text"/>
3.	_____	FEC ID number	<input type="text"/>
4.	_____	FEC ID number	<input type="text"/>

Write or Type Committee Name

DML For America

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 John Roland

Mailing Address 3370 NE 190th Street

[Empty grid lines for address]

Aventura FL 33180

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 631 - 604 - 5939

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 John Roland

Mailing Address 3370 NE 190th Street

[Empty grid lines for address]

Aventura FL 33180

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 631 - 604 - 5939

ANNEX - H-1 - UNCLAS

Full Name of Designated Agent

John Roland

Mailing Address

3370 NE 190th Street

Aventura

CITY

FL

STATE

33180

ZIP CODE

Title or Position

Treasurer

Telephone number

631

604

5939

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.

Chase

Mailing Address

66 Main Street

East Hampton

CITY

NY

STATE

11937

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11/11/11 11:11:11

UNITED STATES POSTAL SERVICE

RECEIVED  
FLORIANE  
MAIL SERVICE  
APR 15 11:24 AM

# PRIORITY MAIL EXPRESS™

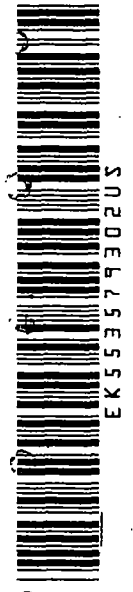
BEST SERVICE IN THE U.S.

**SEND TO ADDRESSEE ONLY**  
RETURN TO ADDRESSEE ONLY  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

U.S. POSTAGE  
PAID  
MIA, FL  
33180  
APR 14, 15  
AMOUNT  
**\$19.99**  
00117273-14

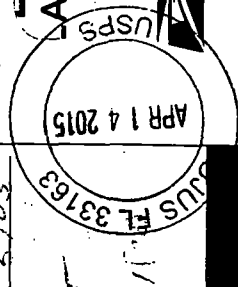


1007



EK55379302US

UNITED STATES POSTAL SERVICE  
PRIORITY MAIL EXPRESS™  
LABEL HERE



**CUSTOMER USE ONLY**  
FROM: (PLEASE PRINT)  
John ROXAMP  
2370 NE 190 ST  
AVENTURA, FL 33183  
PHONE 917-925-5103  
US FL 33183

PAYMENT BY ACCOUNT (if applicable)

### DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options**
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available\*)
- 10:30 AM Delivery Required (additional fee, where available\*)
- \*Refer to USPS.com® or local Post Office™ for availability.

INTERNATIONALLY,  
POSTAGE DECLARATION  
FORM MAY BE REQUIRED.



2013 OD: 12.5 x 9.5



ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Military	<input type="checkbox"/> DPO	<input type="checkbox"/> AM	<input type="checkbox"/> PM
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Delivery Attempt (MM/DD/YY)	Time
33163	4-15-15		
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Employee Signature	Employee Signature
4-14-15	10:30 AM <input checked="" type="checkbox"/> 3:00 PM		
Time Accepted	10:30 AM Delivery Fee	Weight	lbs. oz.
11:01 AM		1/2	
Postage	Insurance Fee	Acceptance Employee Initials	
\$ 19.99	\$		
Return Receipt Fee	Live Animal Transportation Fee	Flat Rate	
\$	\$		
Total Postage & Fees			
\$ 19.99			

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9998

3-ADDRESSEE COPY

EXPRESS MAIL  
UNITED STATES POSTAL SERVICE

UNITED STATES

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Federal Election Commission  
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 4/14/15
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

4/15/15  
 DATE PREPARED

1508141227