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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (or NAME) (Check if name is changed) Example: If typing, type over the lines. 1.27224MS

BILL LYNCH FOR CONGRESS

ADDRESS (number and street) 816 CUMBERLAND STREET

(Check if address is changed)

LEBANON N.H. 03753

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

BILL@LYNCHFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

LYNCHFORCONGRESS.US

COMMITTEE'S FAX NUMBER

(717) 273-1532

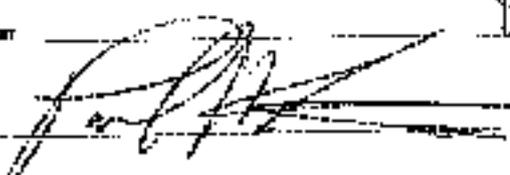
2. DATE 01 14 2004

3. FEC IDENTIFICATION NUMBER C00394023

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 Paul H. Stinkard

Signature of Treasurer  Date 01 14 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5427g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

6. TYPE OF COMMITTEE (Check One)

- (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: WILLIAM B. LYNCH

Candidate Party Affiliation: REP Office Sought: House Senate President State: PA District: 17

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

Name of Candidate: _____

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

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address: _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization

- Corporation
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

BILL LYNCH FOR CONGRESS

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: TREASURER

Mailing Address: [Blank]

Title or Position: CITY: STATE: ZIP CODE: Telephone number: [Blank]

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: PAUL N. SLINKERD III

Mailing Address: 1816 CUMBERLAND STREET, LEBANON PA 17042-4532

Title or Position: CITY: STATE: ZIP CODE: Telephone number: 717-273-6558

Full Name of Designated Agent: VICKI D. ANGELL

Mailing Address: 1816 CUMBERLAND STREET, LEBANON PA 17042-4532

Title or Position: CITY: STATE: ZIP CODE: Telephone number: 717-273-6558

PEC Form 1 (Revised 02/2005)

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.

LEBANON VALLEY FARMERS BANK

Mailing Address

2 MICRO DRIVE

JONESTOWN PA 17038

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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