

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

LYNCH FOR CONGRESS

ADDRESS (number and street)

17392 SUGAR HILL TRAIL

(Check if address is changed)

CHAGRIN FALLS

OH

44023

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

LYNCHOL@AOL.COM

Optional Second E-Mail Address
KEKLQUAY@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
06 / 09 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00556720

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 Laura Lynch

Signature of Treasurer

Laura Lynch

[Electronically Filed]

Date

MM / DD / YYYY
06 / 09 / 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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

LYNCH FOR CONGRESS

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

NONE

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 Laura Lynch

Mailing Address 17392 Sugar Hill Trail

Chagrin Falls

OH 44023

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 440 - 821 - 2247

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 Laura Lynch

Mailing Address 17392 Sugar Hill Trail

Chagrin Falls

OH 44023

Title or Position of Treasurer CITY STATE ZIP CODE

Treasurer Telephone number 440 - 821 - 2247

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

Chase Bank

[Empty grid for Name of Bank, Depository, etc. (Chase Bank)]

Mailing Address

8501 Tanglewood Square

[Empty grid for Mailing Address line 2]

Chagrin Falls OH 44023

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE