

# JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## 3534 FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed. <b>15</b>
3 COMMITTEE NAME <b>FRIENDS OF MIKE LYNCH</b>		<b>OFFICE USE ONLY</b>	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX <b>606 OAKLAND</b>	APT / SUITE # <b>AUSTIN, TX</b>	CITY STATE ZIP CODE <b>78703</b>
5 CAMPAIGN TREASURER NAME	TITLE <b>MR.</b>	FIRST <b>THOMAS</b>	MI <b>D</b>
	NICKNAME <b>TOM</b>	LAST <b>FALTZ</b>	SUFFIX
Receipt #		HD / PM	Amount
Date Processed			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE <b>98 SAN JACINTO SUITE 2000, AUSTIN, TX 78701</b>
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX	APT / SUITE #	CITY STATE ZIP CODE
<input checked="" type="checkbox"/> Same as Above <input type="checkbox"/> Change of Address (from Form STA)			
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>476-2020</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach JSPAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year <b>1 / 1 / 97</b>	THROUGH	Month Day Year <b>6 / 30 / 97</b>
11 ELECTION	ELECTION DATE Month Day Year <b> / /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>GO TO PAGE 2</b>			

**FILED**  
 JUL 10 12 10 PM '97  
 CLERK OF COURTS  
 COUNTY OF TRAVIS  
 TEXAS

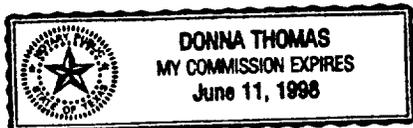
# JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM JSPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME		13 ACCOUNT # (Ethics Commission filers)
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 92.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,137.20
OUTSTANDING LOAN BALANCE	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	0

15 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code



*[Handwritten Signature]*  
Signature of campaign treasurer

AFFIX NOTARY STAMP; SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 7<sup>th</sup> day of July, 19 97, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Donna Thomas  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A(J)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A(J): <b>1 1</b>
---	---

2 FILER NAME <b>FRIENDS OF MIKE LYNCH</b>	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>None</b>	7 Amount of contribution (\$) <b>0</b>	8 In-kind contribution description(if applicable) <b>0</b>
6 Contributor address; City: State: Zip Code			

9 Contributor's principal occupation	10 Contributor's job title
--------------------------------------	----------------------------

11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
------------------------------------	--

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City: State: Zip Code			

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
---------------------------------	---

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City: State: Zip Code			

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
---------------------------------	---

If contributor is a child, parents' law firm(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

See INSTRUCTION GUIDE for detailed instructions.

1 Total pages Schedule C:  
2  
3 ACCOUNT #

2 FILER NAME <u>FRIENDS OF MIKE LYNCH</u>		7	8
4 Date	5 Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	<u>None</u> 6 Corporation / Labor Organization address: City: State: Zip Code		
Date	Corporation / Labor Organization name Corporation / Labor Organization address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

## SCHEDULE D

See INSTRUCTION GUIDE for detailed instructions.

1 Total pages Schedule D:  
**1**

2 FILER NAME

**FRIENDS OF MIKE LYNECH**

3 ACCOUNT #

4 Date

5 Corporation / Labor Organization name

7 Amount of pledge (\$)

8 In-kind description (if applicable)

**NONE**

6 Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/12/97

5 Payee name

G &amp; L VBJ

7 Amount (\$)

14.52

6 Payee address: City: State: Zip Code

515 S. Congress Austin, TX 78701

8 Purpose of expenditure

Office Supplies

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

2/21/97

Payee name

CROWN PORTRAITS

Amount (\$)

53.71

Payee address: City: State: Zip Code

P.O. Box 3176 CLEVELAND, Tenn.  
37320

Purpose of expenditure

Photos

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

4/22/97

Payee name

EL SOL Y LA LUNA

Amount (\$)

24.50

Payee address: City: State: Zip Code

1224 S. Congress Austin, TX 78704

Purpose of expenditure

SECY DAY Luncheon for  
Count Coordinators-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): <b>1</b>
2 FILER NAME <b>FRIENDS OF MIKE LYNCH</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC <b>None</b>	9 Loan Amount (\$) <b>0</b>
6 Is lender a financial institution?  Y      N	8 Lender address:      City:      State:      Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral  <input type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor  20 Guarantor address:      City:      State:      Zip Code	21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule I:  
1 of 2

2 FILER NAME: FRIENDS OF MIKE LYNCH 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/29/97	5 Payee name CRIMINAL LAW SECTION TCBA	8 Amount (\$) 7.00
	6 Payee address: City: State: Zip Code 700 LAVACA AUSTIN, TX 78701	
	7 Purpose of expenditure LUNCHEON MEETING	

Date 2/14/97	Payee name CASA DE TRAVIS COUNTY	Amount (\$) \$100.00
	Payee address: City: State: Zip Code 6330 E. Highway 290 Austin, TX 78723	
	Purpose of expenditure FUND RAISER CONTRIBUTION	

Date 2/28/97	Payee name BIG BROTHERS	Amount (\$) 25.00
	Payee address: City: State: Zip Code 1400 Tillery Austin, TX 78721	
	Purpose of expenditure FUND RAISER CONTRIBUTION	

Date 4/2/97	Payee name Austin High School	Amount (\$) 25.00
	Payee address: City: State: Zip Code 1715 W. CESAR CAVAZA Austin, TX 78703	
	Purpose of expenditure ALCOHOL FREE SENIOR CELEBRATION CONTRIBUTION	

Date 4/9/97	Payee name MARGARET GOMEZ Commissioner	Amount (\$) 25.00
	Payee address: City: State: Zip Code TRAVIS COUNTY COURTHOUSE AUSTIN, TX 78701	
	Purpose of expenditure CINCO DE MAYO CONTRIBUTION	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1 of 3

2 FILER NAME FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

None

7 Amount (\$)

⓪

6 Business address: City State Zip Code

8 Purpose of payment

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address: City State Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address: City State Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address: City State Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 of 2

2 FILER NAME:

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/13/97

5 Payee name

KIRK WATSON Campaign

6 Payee address: City: State: Zip Code

2301 WOOD LAWN AUSTIN, TEXAS 78703

7 Purpose of expenditure

FUNDRAISER CONTRIBUTION

8 Amount (\$)

\$ 15.00

Date

6/1/97

Payee name

DEDERNALES VALLEY BAPTIST Church

Payee address: City: State: Zip Code

HWY 71 WEST TRAVIS COUNTY, TX

Purpose of expenditure

TORNADO VICTIM RELIEF FUND

Amount (\$)

\$ 200.00

Date

6/27/97

Payee name

BLACK WOMAN'S Political Caucus

Payee address: City: State: Zip Code

3013 E. 13th AUSTIN, TX 78702

Purpose of expenditure

Farewell Luncheon for members/Contribution

Amount (\$)

\$ 20.00

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# RETURNED POLITICAL CONTRIBUTIONS

# SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule J: <b>1</b>
2 FILER NAME <b>FRIENDS OF MILE LYNCH</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date Returned	5 Payor name <b>None</b>	7 Amount Returned (\$) <b>0</b>
	6 Payor address: City, State, Zip Code	
Date Returned	Payor name	Amount Returned (\$)
	Payor address: City, State, Zip Code	
Date Returned	Payor name	Amount Returned (\$)
	Payor address: City, State, Zip Code	
Date Returned	Payor name	Amount Returned (\$)
	Payor address: City, State, Zip Code	
Date Returned	Payor name	Amount Returned (\$)
	Payor address: City, State, Zip Code	
Date Returned	Payor name	Amount Returned (\$)
	Payor address: City, State, Zip Code	
Date Returned	Payor name	Amount Returned (\$)
	Payor address: City, State, Zip Code	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

none

6 Payor address: City: State: Zip Code

7 Reason for credit

8 Amount (\$)

0

Date

Payor name

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

NONE

5 Lender address: City: State: Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

2

2 FILER NAME

FRIENDS OR MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

CASH IN BANK ACCOUNT - \$13,137.20

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED