Texas Ethics Commission P O Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

4225

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

ORIGINAL

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: 15

3 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

OFFICE USE ONLY

4 COMMITTEE ADDRESS
ADDRESS / PO BOX: 98 SAN JACINTO BLVD. SUITE 2000
APT / SUITE #:
CITY: AUSTIN
STATE: TX
ZIP CODE: 78701

5 CAMPAIGN TREASURER NAME
TITLE: MR.
FIRST: THOMAS
MI: D.
NICKNAME:
LAST: FRITZ
SUFFIX:

Receipt #
HD / PM
Amount
Date Processed

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 98 SAN JACINTO BLVD. SUITE 2000
APT / SUITE #:
CITY: AUSTIN
STATE: TX
ZIP CODE: 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX:
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

[X] Same as Above
[ ] Change of Address (from Form STA)

8 CAMPAIGN TREASURER PHONE
AREA CODE: (512)
PHONE NUMBER: 476-2020
EXTENSION:

9 REPORT TYPE
[X] January 15
[ ] July 15
[ ] 30th day before election
[ ] 8th day before election
[ ] Runoff
[ ] Exceeded $500 limit
[ ] Dissolution (attach JSPAC-DR)
[ ] 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 07 / 01 / 98
THROUGH
Month Day Year: 12 / 31 / 98

11 ELECTION
ELECTION DATE
Month / Day / Year
ELECTION TYPE
[ ] Primary [ ] Runoff [ ] General [ ] Special

GO TO PAGE 2

JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC
COVER SHEET PG 2

12 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

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	$ 1,722.28
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 8,776.52
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.

Signature of campaign treasurer

KAREN FERGUSON
Notary Public, State of Texas
My Commission Expires
AUG. 6, 2000

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 13th day of January, 19 99, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
Karen Ferguson	Karen Ferguson	Notary Public

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) 1

2 FILER NAME FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC NONE 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)

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 ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

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 ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

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.

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PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J): 1

2 FILER NAME FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address, City, State, Zip Code	☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)
	NONE			

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

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

Date	Full name of pledgor / Pledgor address, City, State, Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

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

Date	Full name of pledgor / Pledgor address, City, State, Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind contribution description (if applicable)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(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.

LOANS (JUDICIAL)

SCHEDULE E(J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J): 1

2 FILER NAME: FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender: NONE ☐ out of state PAC

8 Lender address, City, State, Zip Code

9 Loan Amount ($)

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

☐ none

18 GUARANTOR INFORMATION

☐ 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)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 3

2 FILER NAME: FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
7/9/98	SHORELINE GRILL 100 SAN JACINTO AUSTIN, TX 78701	$55.00

8 Purpose of expenditure: LUNCHEON MEETING WITH TREASURER

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
7/14/98	AUSTIN FLOWER CO. 1612 W. 35TH AUSTIN, TEXAS 78703	$ 7.03

Purpose of expenditure: FLOWERS FOR JURY ROOM

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
8/13/98	KEN ANDERSON WILLIAMSON COUNTY COURTHOUSE GEORGETOWN, TEXAS	$34.00

Purpose of expenditure: BOOKS

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
8/25/98	AFL-CIO 11th & LAVACA AUSTIN, TX 78701	$105.00

Purpose of expenditure: LABOR DAY CELEBRATION DONATION

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

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: 2 of 3

2 FILER NAME: FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
8/27/98	JIM MATTOX CAMPAIGN AUSTIN, TX	$100.00

8 Purpose of expenditure: CAMPAIGN EVENT

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
9/21/98	JUDGE WILL PLOWERS CAMPAIGN TRAVIS COUNTY COURTHOUSE AUSTIN, TX	$100.00

Purpose of expenditure: CAMPAIGN CONTRIBUTION

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
9/30/98	TRAVIS COUNTY DEMOCRATIC PARTY 1905 N. LAMAR SUITE 101 AUSTIN, TX 78705	$1,200.00

Purpose of expenditure: CONTRIBUTION FOR ELECTION 98

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
10/12/98	MILLER BLUEPRINT WEST 5TH ST., AUSTIN, TEXAS	$101.25

Purpose of expenditure: MOUNTING OF MAP FOR JURY ROOM

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 3 of 3

2 FILER NAME FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/13/98	TRAVIS COUNTY BAR ASSOCIATION AUSTIN, TEXAS	$20.00

8 Purpose of expenditure: TICKETS FOR HART/LOWRY LUNCHEON

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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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

2 FILER NAME: FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address, City, State, Zip Code	7 Amount ($)
~~11/5/98~~	~~CUS PENA / EAST AUSTIN HISPANICS~~ ~~AUSTIN, TEXAS~~ NONE	~~$50.00~~

8 Purpose of payment: ~~CONTRIBUTION FLOOD RELIEF~~

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

Date	Business name / Business address, City, State, Zip Code	Amount ($)
~~12/22/98~~	~~COFFEE EXCHANGE~~ ~~W. 6TH & BLANCO AUSTIN, TEXAS~~ NONE	~~$211.09~~

Purpose of payment: ~~GIFTS FOR COURT STAFF / RETIRED JUDGES~~

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

Date	Business name / Business address, City, State, Zip Code	Amount ($)
~~12/22/98~~	~~SHORELINE GRILL~~ ~~100 SAN JACINTO AUSTIN, TX 78701~~ NONE	~~$120.00~~

Purpose of payment: ~~GIFTS FOR STAFF~~

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

Date	Business name / Business address, City, State, Zip Code	Amount ($)

Purpose of payment

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

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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	5 Payee name / 6 Payee address, City, State, Zip Code	7 Purpose of expenditure	8 Amount ($)
8/24/98	EASTER SEALS 919 W. 28 1/2 ST. AUSTIN, TX	DONATION	$25.00
8/21/98	EL SOL Y LA LUNA SOUTH CONGRESS AUSTIN, TX	LUNCHEON FOR COURT COORDINATOR	$78.71
9/8/98	AYLA FOUNDATION TRAVIS COUNTY BAR ASSOCIATION AUSTIN, TX	BAR & GRILL SHOW AD	$320.00
12/8/98	VIRGINIA VASQUEZ P.O. BOX 1748 AUSTIN, TX 78767	LUNCHEON FOR COURT STAFF	$30.00
10/16/98	VIRGINIA VASQUEZ P.O. BOX 1748 AUSTIN, TX 78767	JUDGE CORONADO GIFT	$25.00

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	5 Payee name / 6 Payee address, City, State, Zip Code / 7 Purpose of expenditure	8 Amount ($)
11/5/98	Payee name: GUS PENA / EAST AUSTIN HISPANICS Payee address: AUSTIN, TEXAS Purpose of expenditure: CONTRIBUTION - FLOOD RELIEF	$ 50.00
12/22/98	Payee name: COFFEE EXCHANGE Payee address: W. 6TH & BLANCO AUSTIN, TX Purpose of expenditure: GIFTS FOR COURT STAFF / RETIRING JUDGES	$211.09
12/22/98	Payee name: SHORELINE GRILL Payee address: 100 SAN JACINTO BLVD. AUSTIN, TX 78701 Purpose of expenditure: GIFTS FOR STAFF	$120.00
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure	Amount ($)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
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 1

2 FILER NAME FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date Returned	5 Payor name / 6 Payor address, City, State, Zip Code	7 Amount Returned ($)
	NONE	
Date Returned	Payor name / Payor address, City, State, Zip Code	Amount Returned ($)
Date Returned	Payor name / Payor address, City, State, Zip Code	Amount Returned ($)
Date Returned	Payor name / Payor address, City, State, Zip Code	Amount Returned ($)
Date Returned	Payor name / Payor address, City, State, Zip Code	Amount Returned ($)
Date Returned	Payor name / Payor address, City, State, Zip Code	Amount Returned ($)
Date Returned	Payor name / Payor address, City, State, Zip Code	Amount Returned ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
	NONE	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
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

FRIENDS OF MIKE LYNCH

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 ☐ not applicable	6 Name of guarantor 7 Guarantor address, City, State, Zip Code
LENDER INFORMATION	Name of lender Lender address, City, State, Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address, City, State, Zip Code
LENDER INFORMATION	Name of lender Lender address, City, State, Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address, City, State, Zip Code
LENDER INFORMATION	Name of lender Lender address, City, State, Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address, City, State, Zip Code

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ASSETS VALUED AT $500 OR MORE

SCHEDULE **M**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M 1

2 FILER NAME FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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