

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Judge Michael F</i> NICKNAME LAST SUFFIX <i>Mike Lynch</i>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;"> RECEIVED JUN 11 11 57 AM '99 </div>	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>5 Grove Ct. Austin, TX. 78746</i>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Thomas D</i> NICKNAME LAST SUFFIX <i>Tom FEITZ</i>	Receipt #	HD / PM
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		Amount	
7 CAMPAIGN TREASURER PHONE		Date Processed	
8 REPORT TYPE		Date Imaged	
9 PERIOD COVERED		STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE	
10 ELECTION		AREA CODE PHONE NUMBER EXTENSION <i>(512) 476-2020</i>	
11 OFFICE		ELECTION DATE ELECTION TYPE Month Day Year <i>1 / 1 / 99</i> THROUGH <i>6 / 30 / 99</i> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE SOUGHT (if known)		OFFICE HELD (if any) <i>Judge, 167th District Ct</i>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure .. Name Address / PO Box Apt / Suite # City State Zip Code	
<input type="checkbox"/> additional pages			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Mike Lynch

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

Friends of Mike Lynch

COMMITTEE ADDRESS

*98 San Jacinto Blvd Suite 2000
Austin, TX 78701 + S Green Ct Austin 78746*

COMMITTEE CAMPAIGN TREASURER NAME

Thomas D Fritz

COMMITTEE CAMPAIGN TREASURER ADDRESS

SAME AS ABOVE

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *All Expenditures were made*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *Through Friends of*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *Mike Lynch see Report*

4. TOTAL POLITICAL EXPENDITURES

\$ *on Fritz which is*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *heroin adopted*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *Mike Lynch*

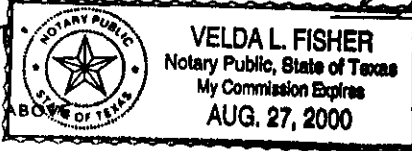
18 AFFIDAVIT

Report of Friends of Mike Lynch filed for this period is incorporated herein & made a part of this Report

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

Mike Lynch

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Lynch this the 13th day of July 1999, to certify which, witness my hand and seal of office.

Velda L. Fisher
Signature of officer administering oath

Velda L. Fisher
Print name of officer administering oath

Notary Public
Title of officer administering oath

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)	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)			

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):	
2 FILER NAME		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		9 Loan Amount (\$)
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		21 Amount Guaranteed (\$)
	20 Guarantor address: City, State, Zip Code		
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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City, State, Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

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

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender		
	5 Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> 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 <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR

DESIGNATION OF FINAL REPORT

The JC/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

Signature of Officeholder