

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

4353

**FORM SPAC  
COVER SHEET PG 1**

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

13

3 COMMITTEE NAME

FRIENDS OF MIKE LYNCH

OFFICE USE ONLY

Date Received

FILED  
JUL 14 4 42 PM '99

4 COMMITTEE ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
98 SAN JACINTO BLVD., SUITE 2000  
AUSTIN, TX 78701 ATTN: T. FRITZ

Receipt #

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
MR. THOMAS D.  
NICKNAME LAST SUFFIX  
TOM FRITZ

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
98 SAN JACINTO BLVD., SUITE 2000, AUSTIN, TX. 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

- Same as Above
- Change of Address (from Form STA)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 476-2020

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 8th day before election
- Runoff
- Exceeded \$500 limit
- Dissolution (attach SPAC-DR)
- 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year  
01 / 01 / 99 THROUGH 06 / 30 / 99

11 ELECTION

ELECTION DATE: Month Day Year  
/ /  
ELECTION TYPE:  
 Primary  Runoff  General  Special

GOTO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

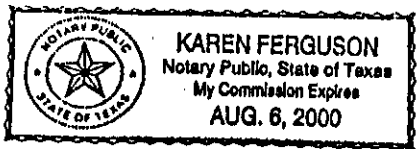
## FORM SPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> FRIENDS OF MIKE LYNCH		<b>13 ACCOUNT #</b> (Ethics Commission filers)
<b>14 NO REPORTABLE ACTIVITY</b>	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
<b>15 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 609.70
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**16 AFFIDAVIT**

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.

*[Signature]*  
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 14<sup>th</sup> day of July, 19 99, to certify which, witness my hand and seal of office.

*Karen Ferguson*      Karen Ferguson      notary public  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

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 this Schedule J:

1

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date Returned

5 Payor name

None

7 Amount Returned (\$)

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

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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 this Schedule I:

2 of 2

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
4/24/99	AUSTIN METROPOLITAN MINISTRIES 2026 GUADALUPE SUITE 226 AUSTIN, TX 78705 FUND RAISER	65.00
6/7/99	SAM BISCOE SPECIAL PROJECTS TRAVIS COUNTY COURTHOUSE JUNETEENTH CELEBRATION	25.00
6/7/99	TOWN LAKE FLORIST 2609 E. CESAR CHAVEZ AUSTIN, TX 78702 GIFTS FOR JUDICIAL AIDES	58.46
6/9/99	AUSTIN MIDNIGHT BASKETBALL 823 CON GILLES AUSTIN, TX 78701 DONATION FOR PROGRAM FOR AT RISK KIDS	150.00
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 this Schedule I:

1 of 2

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount (\$)
1/12/99	MARY DIETZ	600 CONGRESS, AUSTIN, TX 78701	HANT/LOWRY RETIREMENT LUNCHEON	\$ 50.00
1/12/99	SUZANNE COULINGTON	TRAVIS COUNTY COURTHOUSE	GIFT - JUDGE HANT	11.00
1/12/99	ROBERT PATTERSON	TRAVIS COUNTY COURTHOUSE	RETIREMENT GIFT - JUDGE LOWRY	80.00
1/27/99	CRIMINAL LAW SECTION - TCBA	700 LAVACA AUSTIN, TEXAS	LUNCHEON MEETING	7.00
4/1/99	AUSTIN METROPOLITAN MINISTRIES	2026 GUADALUPE, SUITE 226 AUSTIN, TX 78705	FUNDRAISER	100.00

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\$ 248.00

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F:

1

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/99

5 Payee name

G & L VBJ

7 Amount (\$)

\$ 43.91

6 Payee address; City; State; Zip Code

5. Congress at Riverside Austin, TX

8 Purpose of expenditure

OFFICE SUPPLIES

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

Office sought / held

Date

3/10/99

Payee name

CENTRAL AUSTIN DEMOCRATS

Amount (\$)

\$ 100.00

Payee address; City; State; Zip Code

AUSTIN, TEXAS

Purpose of expenditure

RECEPTION

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

Office sought / held

Date

4/8/99

Payee name

BEST BUY

Amount (\$)

\$ 279.25

Payee address; City; State; Zip Code

4970 WEST HWY 290  
AUSTIN, TX 78735

Purpose of expenditure

OFFICE EQUIPMENT

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

Office sought / held

Date

5/20/99

Payee name

SOUTHWESTERN BELL

Amount (\$)

\$ 186.54

Payee address; City; State; Zip Code

AUSTIN, TX

Purpose of expenditure

Installation of office phone line

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

Office sought / held

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\$ 609.70

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C:

1

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Corporation / Labor Organization name

NONE

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

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

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 1

2 FILER NAME

FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

NONE

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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