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

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

4597

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

Date Received

FILED
JUL 5 1 12 PM '00
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

98 SAN JACINTO, SUITE 2000
AUSTIN, TEXAS 78701
ATTN: THOMAS D. FRITZ

5 CAMPAIGN TREASURER NAME

TITLE: MR. FIRST: THOMAS MI: D.

NICKNAME: (TOM) LAST: FRITZ SUFFIX:

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, TEXAS 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

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

Same

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 PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 01/01/00 THROUGH Month Day Year: 06/30/00

11 ELECTION

ELECTION DATE Month Day Year: 11/ /00

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

GO TO PAGE 2

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC
COVER SHEET PG 2

12 COMMITTEE NAME FRIENDS OF MIKE LYNCH

ACCOUNT # (Ethics Commission files)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

- [X] SUPPORT
- [ ] OPPOSE
- [ ] ASSIST (officeholders only)

- [X] CANDIDATE
- [X] OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME: MICHAEL F. LYNCH

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): 167TH DISTRICT JUDGE

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	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 22,236.59
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

15 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 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 5th day of July, 20 00, to certify which, witness my hand and seal of office.

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

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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 (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
	NONE		

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 (ID#:) / 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 (ID#:) / 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.

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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 ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	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 ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	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 ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	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)	

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 (ID#:)

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 Frim

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 Frim

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

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 ($)
	NONE	

8 Purpose of payment (See instructions regarding type of information required.)

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

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

Purpose of payment (See instructions regarding type of information required.)

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

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

Purpose of payment (See instructions regarding type of information required.)

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

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

Purpose of payment (See instructions regarding type of information required.)

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

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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: 7

2 FILER NAME: FRIENDS OF MILLER LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
	5 NONE	

8 Purpose of payment (See instructions regarding type of information required.)

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

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

Purpose of payment (See instructions regarding type of information required.)

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

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

Purpose of payment (See instructions regarding type of information required.)

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

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

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office 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 this Schedule I: 1 OF 4

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 (See instructions regarding type of information required.)	8 Amount ($)
1/3/00	JUDGE MARGARET COOPER TRAVIS COUNTY COURTHOUSE DEMOCRATIC FILING DAY DINNER	$125.00

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
1/17/00 3/9/00 4/3/00 5/18/00	Southwestern Bell P.O. BOX 4844 HOUSTON, TEXAS 77079 OFFICE PHONE	$218.54
2/3/00	KAREN FIEGE TRAVIS COUNTY COURTHOUSE TRAINING ON COUNTY COMPUTER SYSTEM	$150.00
3/8/00	ANN KITCHEN CAMPAIGN AUSTIN, TEXAS CAMPAIGN CONTRIBUTION	$100.00
3/8/00	JUDGE BOB PERKINS TRAVIS COUNTY COURTHOUSE TICKETS FOR JUDGE KOCUREK	$14.61

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 this Schedule I: 2 of 4

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 (See instructions regarding type of information required.)	8 Amount ($)
3/10/00	TEXAS BAR FOUNDATION AUSTIN, TX CONTRIBUTION	$500.00
3/10/00	AUSTIN AMERICAN STATESMAN AUSTIN, TEXAS Newspaper for Courtroom	$63.96
4/11/00	NATIONAL CENTER FOR STATE COURTS 300 Newport Avenue WILLIAMSBURG, VA. 23185 CRIMINAL JUSTICE Materials	$5.00
4/17/00	AMERICAN BAR ASSOCIATION 750 North Lake Shore Drive CHICAGO, ILL. 60611 CRIMINAL LAW PUBLICATION	$23.90
4/19/00	CPA - CA 9027 Northgate AUSTIN, TX 78758 Cerebra Palsy Fundraiser - Contribution	$100.00

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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: 3 of 4

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 (See instructions regarding type of information required.)	8 Amount ($)
4/27/00	AYLA AUSTIN, TEXAS LAW DAY DINNER TICKETS	$ 45.00
5/3/00	AYLA FOUNDATION AUSTIN, TEXAS LAW DAY CONTRIBUTION	$100.00
5/4/00	MARGARET GOMEZ - Cinco de Mayo TRAVIS County Courthouse CONTRIBUTION - Cinco de Mayo	$25.00
5/16/00	US POSTMASTER AUSTIN, TX POSTAGE	$ 26.40
5/18/00	SAMUEL BISCO - Special Projects TRAVIS COUNTY Courthouse Juneteenth Celebration Contribution	$ 25.00

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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: 4 of 4

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 (See instructions regarding type of information required.)	8 Amount ($)
5/27/00	Mike Lynch Travis County Courthouse Reimbursement - fax machine cartridges	$49.77
6/13/00	Town Lake Florists 2609 E. Cesar Chavez Austin, TX 78702	$33.56
6/13/00	SBOT - Judicial Section Austin, TX Dues	$30.00
6/20/00	Book People 6th and Lamar Austin, TX Reference Book for Staff	$23.16
6/23/00	Tom Vasquez Fund Austin, Texas Contribution - Fundraiser for Medical Treatment	$25.00

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POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

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 Original payee name 6 Original payee address; City; State; Zip Code	7 Amount Returned ($)
	5 NONE	
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned ($)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned ($)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned ($)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned ($)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned ($)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned ($)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this 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 ($)
	5 NONE	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
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 ($)

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this 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 this Schedule M: 1

2 FILER NAME: FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

NONE

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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