4759

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

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: 18

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

4 COMMITTEE ADDRESS ☐ Change of Address

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

98 SAN JACINTO BLVD.
SUITE 2060
AUSTIN, TX 78703

5 CAMPAIGN TREASURER NAME

TITLE: MR. FIRST: THOMAS MI: D.

NICKNAME LAST: PRUTT SUFFIX

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

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Same

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: 07 / 01 / 00 THROUGH Month Day Year: 12 / 31 / 00

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

FILED JAN 12 3 51 PM

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

ACCOUNT # (Ethics Commission filers)

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

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

- [ ] CANDIDATE
- [x] OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME
JUDGE MICHAEL F. LYNCH
163RD JUDICIAL COURT
TRAVIS COUNTY, TEXAS

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

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**	$ 6,099.17
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 16,141.82
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
COMMISSION EXPIRES:
AUGUST 8, 2004

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 11th day of January, 20 01, to certify which, witness my hand and seal of office.

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

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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#:_____) 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 (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): 2

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#:_____) NONE 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

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: Mike

☐ 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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 7

2 FILER NAME: FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
7/18/00	Austin AFL-CIO Council 11th & Guadalupe Austin, TX 78701	135.00

8 Purpose of payment (See instructions regarding type of information required.): Contribution / advertisement Labor Day Program

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 ($)
7/25/00	Sparks 6th & Lamar Austin, TX 78701	17.16

Purpose of payment (See instructions regarding type of information required.): office supplies - Cards & envelopes

-- 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 ($)
7/28/00	S.W. Bell PO Box 4844 Houston, TX 77079	77.46

Purpose of payment (See instructions regarding type of information required.): office Telephone / Fax Line monthly bill

-- 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 ($)
8/4/00	Virginia Vasquez Travis County Courthouse 11th & San Antonio Austin, TX 78701	35.00

Purpose of payment (See instructions regarding type of information required.): Going away luncheon for Patti G., Court Coordinator

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address City, State, Zip Code	7 Amount ($)
8/12/00	South Austin Democrats To Walter Timberlake 2006 Boulder Austin 78704	100.00

8 Purpose of payment (See instructions regarding type of information required.): Contribution - Annual event

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 ($)
8/14/00	S W Bell ~~office~~ PO Box 4894 Houston, TX 77079	40.20

Purpose of payment (See instructions regarding type of information required.): Office Telephone / FAX monthly bill

-- 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 ($)
8/14/00	Travis County Democratic Party 1311 E 6th St. Austin 78702	1000.00

Purpose of payment (See instructions regarding type of information required.): 2000 Campaign Contribution

-- 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 ($)
8/15/00	Contessa Gallery 3705 Kerbey Ln Austin, TX 78731	110.96

Purpose of payment (See instructions regarding type of information required.): Framing for Prints contributed to hang in new Court Building

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office 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 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission use)

4 Date	5 Payee name / 6 Payee address City, State, Zip Code	7 Amount ($)
9/2/00	Office Depot 2101 S Lamar Austin, TX 78704	64 94

8 Purpose of payment (See instructions regarding type of information required.): office Supplies - briefcase etc/ for work /office

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 ($)
9/9/00	Tom Vasquez Fund PO Box 82631 Austin, TX 78708	100 00

Purpose of payment: (See instructions regarding type of information required.): Fundraiser for Cancer Treatment

** 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 ($)
9/11/00	O. Henry PTA 2610 W 10th St Austin, TX 78703	250 00

Purpose of payment (See instructions regarding type of information required.): Roundup Fundraiser for Academic Programs - recognition as sponsor

** 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 ($)
9/12/00	SW Bell PO Box 4844 Houston 77079	38 29

Purpose of payment (See instructions regarding type of information required.): Telephone / Fax Line - monthly Bill (office)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
9/19/00	AYLA Foundation 700 Lavaca ST Austin, TX 78701	310.00

8 Purpose of payment (See instructions regarding type of information required.) Bar-B-Grill "00 Tickets And Advertisement in program

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 ($)
10/3/00	Maplewood 6th Grade 3808 Maplewood Rd Austin, TX	250.00

Purpose of payment (See instructions regarding type of information required.) 6th Grade Field Trip Fund - contribution to Academics

-- 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 ($)
10/20/00	TCWLA Scholarship Trust 507 W 7th Austin, TX 78701	250.00

Purpose of payment (See instructions regarding type of information required.) Judge Williams Retirement - Scholarship Fund

-- 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 ($)
10/25/00	TCWLA Scholarship Trust 507 W 7th Austin, TX 78701	135.00

Purpose of payment (See instructions regarding type of information required.) Supplement - Judge Williams Scholarship Fund

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
11/7/00	U S Office Products 5310 Burnet Rd Austin, TX 78756	87 81

8 Purpose of payment (See instructions regarding type of information required.): Office Supplies - pen fillers - supplies

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 ($)
11/30/00	Texas Bar Foundation 1414 Colorado Austin, TX 78701	500 00

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

-- 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 ($)
12/1/00	S.W Bell PO Box 4844 Houston 77079	85 91

Purpose of payment (See instructions regarding type of information required.): office phone / Fax monthly bill

-- 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 ($)
12/5/00	NAACP 1704 E 12th Austin, TX 78702	35 00

Purpose of payment (See instructions regarding type of information required.): Annual Banquet Ticket

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
12/5/00	Travis County Democratic Party 1311 E 6th St. Austin, TX 78702	1500.00

8 Purpose of payment (See instructions regarding type of information required.): contribution to party

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 ($)
12/5/00	Virginia Vasquez Travis County Courthouse PO Box 1748 Austin 78767	45.00

Purpose of payment (See instructions regarding type of information required.): XMAS Staff Luncheon

-- 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 ($)
12/20/00	Velda Wuneburger Travis County Courthouse PO Box 1748 Austin 78767	50.00

Purpose of payment (See instructions regarding type of information required.): XMAS - gift for staff (count coordinator)

-- 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 ($)
12/18/00	Texas Rocker Co. 402 N Graham Jasper TX 75951	259.00

Purpose of payment (See instructions regarding type of information required.): office furniture - new office - Crim Justice Building

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
12/22/00	Green's Upholstery office furniture - new	622 44

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
office furniture - new office Crim Justice building	

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

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 ($)
	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

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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

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 ($)
	NONE	

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED