

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

4793

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

20282

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Judge Michael F
NICKNAME LAST SUFFIX
Mike Lynch

OFFICE USE ONLY

Date Received

JAN 16 4 33 PM '00
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
606 Oakland Ave
Austin, TX 78703

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Thomas D
NICKNAME LAST SUFFIX
Tom Fritz

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER 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 PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 476-2020

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach JC/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 00 12 / 31 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 7 / 00

11 OFFICE

OFFICE HELD (if any)
167th District Court

12 OFFICE SOUGHT (if known)
167th District Court

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

additional pages

GOTO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	Friends of Mike Lynch
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	98 San Jacinto Blvd. Suite 2006 Austin, TX 78701 / 606 Oakland Austin 78703
	COMMITTEE CAMPAIGN TREASURER NAME
	Thomas D. FITZ
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	98 San Jacinto Blvd Suite 2006

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ All expenditures and contributions
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ were made through
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	"Friends of Mike Lynch"
4. TOTAL POLITICAL EXPENDITURES	\$ See Report on file which is
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ hereby adopted & incorporated
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ herein for all purposes.

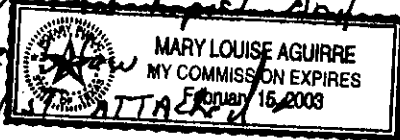
EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

18 AFFIDAVIT

Report of Friends of Mike Lynch is adopted & incorporated & verified by this report and my signature (Expenditures ATTACHED)



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 16 day of January 2001, to certify which, witness my hand and seal of office.

Mary Louise Aguirre MARY LOUISE AGUIRRE Notary

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 file)

4 Date	5 Payee name	7 Amount (\$)
7/18/00	Austin AFL-CIO Council	135 ⁰⁰
	6 Payee address: City, State, Zip Code	
	11th + Guadalupe Austin, TX 78701	

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
Contribution / advertisement Labor Day Program	

Date	Payee name	Amount (\$)
7/25/00	Sparks	17 ¹⁶
	6 Payee address: City, State, Zip Code	
	6th + Lamar Austin, TX 78701	

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 supplies - Cards + envelopes	

Date	Payee name	Amount (\$)
7/28/00	S.W. Bell	77 ⁴⁶
	6 Payee address: City, State, Zip Code	
	PO Box 4844 Houston, TX 77079	

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 Telephone / Fax Line monthly bill	

Date	Payee name	Amount (\$)
8/4/06	Virginia Vasquez	35 ⁰⁰
	6 Payee address: City, State, Zip Code	
	TRAVIS COUNTY Courthouse 11th + San Antonio Austin, TX 78701	

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
Going away luncheon for Patti G. Court coordinator	

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 FILER NAME		3 ACCOUNT # (Ethics Commission file)
4 Date	5 Payee name	7 Amount (\$)
8/12/00	South Austin Democrats Payee address: City, State, Zip Code 70 Walter Timberlake 2006 Bouldin Austin 78704	100 ⁰⁰ —
8 Purpose of payment (See instructions regarding type of information required.) Contribution - Annual event		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
8/14/00	S W Bell Payee address: City, State, Zip Code office PO Box 4894 Houston TX 77079	40 ²⁰ —
Purpose of payment (See instructions regarding type of information required.) Office Telephone / FAX Monthly bill		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
8/14/00	TRAVIS COUNTY DEMOCRATIC PARTY Payee address: City, State, Zip Code 1311 E 6th St. Austin 78702	1000 ⁰⁰ —
Purpose of payment (See instructions regarding type of information required.) 2000 Campaign Contribution		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
8/15/00	Contessa Gallery Payee address: City, State, Zip Code 3705 Kerby 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		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

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

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 supplies - briefcase etc/ for work / office	

Date	Payee name	Amount (\$)
9/9/00	Tom Vasquez Fund	100 00
Payee address: City, State, Zip Code		
PO Box 82631 Austin, TX 78708		

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
Fundraiser for Cancer Treatment	

Date	Payee name	Amount (\$)
9/11/00	O. Henry PTA	250 00
Payee address: City, State, Zip Code		
2610 W 10th St Austin, TX 78703		

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
Roundup Fundraiser for Academic Programs - recognition as sponsor	

Date	Payee name	Amount (\$)
9/12/00	SW Bell	38 29
Payee address: City, State, Zip Code		
PO Box 4894 Houston 77079		

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
Telephone / Fax Line - monthly Bill (office)	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7

Amount (\$)

9/19/00

AYLA Foundation

310⁰⁰

6 Payee address: City, State, Zip Code

700 LavaeN ST
Austin, TX 78701

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

"Bar & Grill" Tickets and Advertisement in program

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/3/00

Maplewood 6th Grade

250⁰⁰

Payee address: City, State, Zip Code

3808 Maplewood Rd
Austin, TX

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

Amount (\$)

10/20/00

TCWLA Scholarship TRUST

250⁰⁰

Payee address: City, State, Zip Code

507 W 7th
Austin, TX 78701

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

Amount (\$)

10/25/00

TCWLA Scholarship Trust

135⁰⁰

Payee address: City, State, Zip Code

507 W 7th
Austin, TX 78701

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

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2 FILER NAME		3 ACCOUNT # (Ethics Commission file)
4 Date	5 Payee name	7 Amount (\$)
11/7/00	U.S. Office Products Payee address: City, State, Zip Code 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	Amount (\$)
11/30/00	Texas Bar Foundation Payee address: City, State, Zip Code 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	Amount (\$)
12/1/00	SW Bell Payee address: City, State, Zip Code 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	Amount (\$)
12/5/00	NAACP Payee address: City, State, Zip Code 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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission pers)

4 Date
12/5/00

5 Payee name
TRAVIS COUNTY Democratic Party
6 Payee address: City, State, Zip Code
1311 E 6th ST.
AUSTIN, TX 78702

7 Amount (\$)
1500⁰⁰

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
12/5/00

Payee name
Virginia VASQUEZ
Payee address: City, State, Zip Code
TRAVIS COUNTY Courthouse
PO Box 1748 AUSTIN 78767

Amount (\$)
45⁰⁰

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
12/20/00

Payee name
Velda Wunneburger
Payee address: City, State, Zip Code
TRAVIS COUNTY Courthouse
PO Box 1748 AUSTIN 78767

Amount (\$)
50⁰⁰

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
12/18/00

Payee name
Texas Rucker Co.
Payee address: City, State, Zip Code
402 N Graham
Jasper TX 75951

Amount (\$)
259⁰⁰

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

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1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 Date <i>12/22/00</i>	5 Payee name <i>Green's Upholstery</i>	7 Amount (\$) <i>622.44</i>
6 Payee address: City, State, Zip Code <i>office furniture - new</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>office furniture - new office Crim Justice building</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

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

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

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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