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copy

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 Judge	FIRST Michael	MI F
	NICKNAME Mike	LAST Lynch	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY, STATE, ZIP CODE
	606 Oakland Ave. Austin, TX 78703		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Thomas	MI D
	NICKNAME Tom	LAST Fritz	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX, PLEASE):		
	98 San Jacinto Blvd. Suite 2000 Austin, TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 476-2020			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year
1 / 1 / 01    6 / 30 / 01			
10 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE
	/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
167th District Court			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		

OFFICE USE ONLY

Date Received: JUL - 3 AM 7:19

Date Hand-carried: Date Postmarked

Receipt #    Amount

Date Processed

Date Imaged

FILED

CLERK OF COURTS

COMMISSIONERS

CLERK OF COURTS

COMMISSIONERS

CLERK OF COURTS

COMMISSIONERS

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission file #)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of 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	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

- TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
- TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
- TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED
- TOTAL POLITICAL EXPENDITURES
- TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD
- TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ All Expenditures and Contributions were made through "Friends of Mike Lynch" See report in file which is hereby adopted & incorporated herein for all purposes.  
ML

EXPENDITURE TOTALS

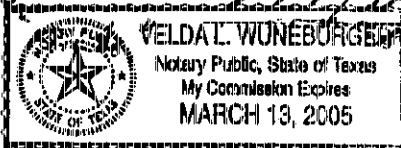
CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 AFFIDAVIT

Report of "Friends of Mike Lynch" is adopted and incorporated & verified by this report and my signature affixed hereto (Expenditure list filed by attached hereto).

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Velda L. Wunenburg this the 2ND day of July, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

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 Southwestern Bell	7 Amount (\$) 94 <sup>63</sup>
1/22/01	6 Payee address; City: State: Zip Code Houston, Texas	
8 Purpose of payment (See instructions regarding type of information required.) office Telephone monthly Bill		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Travis County Bar Assn	Amount (\$) 10 <sup>00</sup>
2/28/01	Payee address; City: State: Zip Code 820 LAVACA Austin, TX 78701	
Purpose of payment (See instructions regarding type of information required.) Criminal Law Section Lunch		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Southwestern Bell	Amount (\$) 120 <sup>39</sup>
3/2/01	Payee address; City: State: Zip Code Houston, Texas	
Purpose of payment (See instructions regarding type of information required.) office Telephone monthly Bill / service charges - change to new Court Building		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Southwestern Bell	Amount (\$) 45 <sup>53</sup>
3/28/01	Payee address; City: State: Zip Code Houston, Texas	
Purpose of payment (See instructions regarding type of information required.) office Telephone monthly Bill		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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 filers)
4 Date	5 Payee name <i>Southwestern Bell</i>	7 Amount (\$) <i>38<sup>59</sup></i>
	6 Payee address: City: State: Zip Code <i>Houston, Texas</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>office Telephone monthly Bill</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date	Payee name <i>Velda Woneburger</i>	Amount (\$) <i>78<sup>46</sup></i>
<i>4/18/01</i>	Payee address: City: State: Zip Code <i>167th District CT 8th Floor, Criminal Justice Center 11th &amp; San Antonio Austin, TX 78701</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement Food + supplies for office for Capital Murder Trial</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date	Payee name <i>Austin Young Lawyers Assn. Foundation</i>	Amount (\$) <i>50<sup>00</sup></i>
<i>4/20/01</i>	Payee address: City: State: Zip Code <i>800 Lavaca Austin, TX 78701</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Ticket - Law Day Dinner</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date	Payee name <i>Judge Bob Perkins</i>	Amount (\$) <i>22<sup>00</sup></i>
<i>4/20/01</i>	Payee address: City: State: Zip Code <i>Travis County Criminal Justice Center 11th &amp; Lavaca Austin, TX 78701</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Reimb. - Flowers for Terry Mills, retired CSCD Director during illness</i>		-- 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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
5/10/01	Southwestern Bell 6 Payee address; City: State: Zip Code Houston, Tx.	38 <sup>59</sup>
8 Purpose of payment (See instructions regarding type of information required.) Monthly office phone bill		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
5/15/01	Sam Biscoe Special Projects Payee address; City: State: Zip Code Stokes Building 11th + Guadalupe Austin, TX 78701	25 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Contribution - Juneteenth County Celebration		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
5/21/01	Leukemia + Lymphoma Society Payee address; City: State: Zip Code 950 Isom San Antonio, TX	20 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
6/4/01	Shoreline Grill Payee address; City: State: Zip Code 1st + San Jacinto Austin, TX 78701	81 <sup>86</sup>
Purpose of payment (See instructions regarding type of information required.) STAFF MEETING + lunch - conclusion of 8 week trial - review docket, etc.		-- 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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
6/19/01	Judge Brenda Kennedy	39 <sup>00</sup>
	6 Payee address; City; State; Zip Code	
	TRAVIS COUNTY CRIMINAL JUSTICE CENTER 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 --
Gustafson (Chief of Administration) Retirement Lunch	Candidate / Officeholder name _____ Office sought _____ Office held _____

Date	Payee name	Amount (\$)
6/8/01	Town Lake Florist	43 <sup>89</sup>
	Payee address; City; State; Zip Code	
	2609 E Cesar Chavez AUSTIN, TX 78702	

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH --
Secretary Day Flowers	Candidate / Officeholder name _____ Office sought _____ Office held _____

Date	Payee name	Amount (\$)
6/19/01	Austin Humane Society	20 <sup>00</sup>
	Payee address; City; State; Zip Code	
	124 W Anderson Ln AUSTIN, TX 78752	

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH --
Donation in Memory of Rod Gustafson's Mother	Candidate / Officeholder name _____ Office sought _____ Office held _____

Date	Payee name	Amount (\$)
6/19/01	Southwestern Bell	38 <sup>59</sup>
	Payee address; City; State; Zip Code	
	Houston, TX	

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH --
Office Telephone Monthly Bill	Candidate / Officeholder name _____ Office sought _____ Office held _____

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