

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4964

### 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  
LAST: Lynch  
NICKNAME: Mike  
SUFFIX: F

OFFICE OF  
CLERK  
TRAVIS COUNTY, TEXAS  
02 JAN 14 AM 10:11  
FILED

4. CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 606 OAKLAND AVE  
APT / SUITE #: AUSTIN TX 78703  
CITY: AUSTIN TX  
STATE: TX  
ZIP CODE: 78703

Date Received  
Date Hand-delivered or Date Postmarked

5. CAMPAIGN TREASURER NAME

TITLE: Thomas  
FIRST: Thomas  
LAST: Fritze  
NICKNAME: Tom  
SUFFIX: D

Receipt #  
Amount  
Date Processed  
Date Imaged

6. CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7. CAMPAIGN TREASURER PHONE

AREA CODE: (512)  
PHONE NUMBER: 476-2026  
EXTENSION:

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 C/OH - FR)

9. PERIOD COVERED

Month Day Year: 7 / 1 / 01 THROUGH Month Day Year: 12 / 31 / 01

10. ELECTION

ELECTION DATE: / /  
ELECTION TYPE:  
 Primary  
 Runoff  
 General  
 Special

11. OFFICE

OFFICE HELD (if any): 167th DISTRICT COURT

12. OFFICE SOUGHT (if known)

13. NOTICE OF 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

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME <i>Mike Lynch</i>	15 ACCOUNT # (Ethics Commission files)
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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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

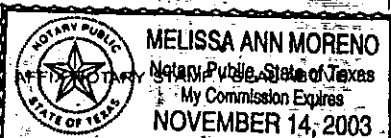
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED:	\$ All Expenditures And contributions
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ were made through
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ "Friends of Mike Lynch"
	4. TOTAL POLITICAL EXPENDITURES <i>Expenditure list attached</i>	\$ See report on file which
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ is adopted & incorporated
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ herein for all purposes.

18 AFFIDAVIT

*Report of Friends of Mike Lynch is adopted & incorporated & verified by my signature affixed 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.

*Mike Lynch*  
Signature of Candidate or Officeholder



Sworn to and subscribed before me by the said Mike Lynch this the 10<sup>th</sup> day of January, 2007, to certify which, witness my hand and seal of office.

*Melissa Ann Moreno*  
Signature of officer administering oath

Print name of officer administering oath: Melissa Ann Moreno

Title of officer administering oath: \_\_\_\_\_

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME <i>Mike Lynch</i>	15 ACCOUNT # (Ethics Commission filers)
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**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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

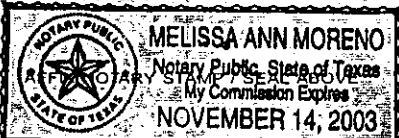
17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ All Expenditures and contributions
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ were made through
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ "Friends of Mike Lynch"
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OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ herein for all purposes.

**18 AFFIDAVIT**

*Report of "Friends of Mike Lynch" is adopted & incorporated & verified by my signature affixed 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.

*Mike Lynch*  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said *Mike Lynch* this the *10th* day of *January*, 200*2* to certify which, witness my hand and seal of office.

*Melissa Ann Moreno*      *Melissa Ann Moreno*  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# 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:	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 606 OAKLAND AVE APT / SUITE #:      CITY: AUSTIN, TX      STATE:      ZIP CODE: 78703		
5 CAMPAIGN TREASURER NAME	TITLE: Thomas FIRST:      MI: D NICKNAME: Tom LAST: FRITZ SUFFIX:	Receipt #      Amount  Date Processed  Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 98 SAN JACINTO BLVD. SUITE 2000 APT / SUITE #:      CITY: AUSTIN, TX      STATE:      ZIP CODE: 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE: (512)	PHONE NUMBER: 476-2026	EXTENSION:
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)		
9 PERIOD COVERED	Month: 7 / Day: 1 / Year: 01      THROUGH      Month: 12 / Day: 31 / Year: 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): 167th DISTRICT COURT	12 OFFICE SOUGHT (if known)	
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:		

GO TO PAGE 2

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *Mike Lynch, Friends of*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*7/20/01*

5 Payee name  
*SW Bell*

7 Amount (\$)  
*39 49*

6 Payee address; City: State: Zip Code  
*Houston, TX*

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  
*7/20/01*

Payee name  
*Austin AFL-CIO Council*

Amount (\$)

Payee address; City: State: Zip Code  
*11th + Lavaca Austin, TX 78701*

*145 00*

Purpose of payment (See instructions regarding type of information required.)  
*Labour Day Program Ad*

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

Date  
*8/12/01*

Payee name  
*SW Bell*

Amount (\$)

Payee address; City: State: Zip Code  
*Houston, TX*

*40 40*

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

Date  
*8/25/01*

Payee name  
*Photo Magic*

Amount (\$)

Payee address; City: State: Zip Code  
*1000 N Lamar Austin, TX 78701*

*21 67*

Purpose of payment (See instructions regarding type of information required.)  
*Photo Finishing - Retirement gift for cast coordinator (Velda)*

-- 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 *Friends of Mike Lynch*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

*8/28/01*

*AYLA Foundation*

6 Payee address: City: State: Zip Code

*800 Lavaca Austin, TX 78701*

*56<sup>25</sup>*

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

*"Bar & Grill" Ad*

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

Date

Payee name

Amount (\$)

*8/29/01*

*Cantessa Gallery*

Payee address: City: State: Zip Code

*3705 Kerby Austin, TX 78731*

*50<sup>34</sup>*

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

*Framing retirement gift - CT coordinator (Velda)*

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

Date

Payee name

Amount (\$)

*9/22/01*

*SW Bell*

Payee address: City: State: Zip Code

*Houston, TX*

*41<sup>71</sup>*

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

*monthly office phone bill*

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

Date

Payee name

Amount (\$)

*10/2/01*

*AYLA Foundation*

Payee address: City: State: Zip Code

*800 Lavaca, Austin, TX 78701*

*120<sup>00</sup>*

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

*"Bar & Grill" Tickets*

- 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

1-800-325-8506

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission files)

4 Date

10/9/01

5 Payee name

AYLA Foundation

7 Amount (\$)

50.00

6 Payee address: City: State: Zip Code

800 Lavaca, Austin, TX 78701

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

Law Day Luncheon - Ticket/contribution

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

Office sought

Office held

Date

11/8/01

Payee name

SW Bell

Amount (\$)

86.91

Payee address: City: State: Zip Code

Houston, TX

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

2 months office phone bill

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

Office sought

Office held

Date

11/15/01

Payee name

Austin Tejano Democrats

Amount (\$)

100.00

Payee address: City: State: Zip Code

PO Box 684734  
Austin, TX 78768

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

Contribution - Fall Program

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

Office sought

Office held

Date

11/20/01

Payee name

Shoreline Grill

Amount (\$)

103.76

Payee address: City: State: Zip Code

98 San Jacinto Blvd  
Austin TX 78701

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

Lunch for Court Staff - meeting  
and holiday luncheon

-- 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

1-800-325-8506

1-800-325-8506

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Black Women's Political Caucus

7 Amount (\$)

11/26/01

6 Payee address:

City: State: Zip Code

3013 E 13TH ST  
Austin, TX 78702

25<sup>00</sup>

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

30th Anniversary celebration - Ad

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

NAACP

Amount (\$)

11/20/01

Payee address:

City: State: Zip Code

1704 E. 12TH  
Austin, TX 78702

40<sup>00</sup>

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

Tickets - Annual banquet

- Complete if direct expenditure to benefit C/OH -

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Virginia Vasquez

Amount (\$)

12/4/01

Payee address:

City: State: Zip Code

TRAVIS COUNTY Courthouse  
11th & San Antonio, Austin, TX 78701

50<sup>00</sup>

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

Judges XMAS Lunch w Court STAFF

- Complete if direct expenditure to benefit C/OH -

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

SW Bell

Amount (\$)

12/11/01

Payee address:

City: State: Zip Code

Houston, TX

53<sup>00</sup>

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

Monthly phone bill - office phone

- 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

1-000-325-8506

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME  
*Friends of Mike Lynch*

3 ACCOUNT # (Ethics Commission files)

4 Date  
*12/18/01*

5 Payee name  
*Judge Jan Breland*

6 Payee address: City: State: Zip Code  
*TRAVIS COUNTY Courthouse  
11th & San Antonio, Austin, TX 78701*

7 Amount (\$)  
*250<sup>00</sup>*

8 Purpose of payment (See instructions regarding type of information required.)  
*Reimb - purchase of table for Democratic Filing Day Dinner (share)*

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

Date  
*12/19/01*

Payee name  
*Target*

Payee address: City: State: Zip Code  
*71 W & S Mopac  
Austin, TX*

Amount (\$)  
*299<sup>35</sup>*

Purpose of payment (See instructions regarding type of information required.)  
*TRAVIS COUNTY Silver Bells Tree Program - Adopted Family XMAS Gifts*

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

Date  
*12/20/01*

Payee name  
*MIKE LYNCH*

Payee address: City: State: Zip Code  
*TRAVIS COUNTY Courthouse, 167th District Ct  
Austin, TX 78701*

Amount (\$)  
*60<sup>00</sup>*

Purpose of payment (See instructions regarding type of information required.)  
*Reimb - clerks/probation officers - XMAS gifts*

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

Date  
*12/21/01*

Payee name  
*Tanya Annette*

Payee address: City: State: Zip Code  
*TRAVIS COUNTY CSCD  
Courthouse  
Austin, TX 78701*

Amount (\$)  
*22<sup>00</sup>*

Purpose of payment (See instructions regarding type of information required.)  
*Reimb - expense of lunch meeting w south office Probation officers*

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED