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

5152

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: 14

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, SUITE 2000, AUSTIN, TEXAS 78703

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: THOMAS | MI: D.
NICKNAME | LAST: PRITZ | 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: 01/01/02 THROUGH Month Day Year: 06/30/02

11 ELECTION

ELECTION DATE Month Day Year: / /

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 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

~~OFFICE SOUGHT (candidate)~~ / OFFICE HELD (officeholder): 167th DISTRICT COURT

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**	$ 848.56
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 12,825.85
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

15 AFFIDAVIT

KAREN FERGUSON
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES:
AUGUST 6, 2004

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 10th day of July, 20 02, to certify which, witness my hand and seal of office.

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

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Revised 04/04/2000

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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): 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#:_____) 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)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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: p 1 of 4

2 FILER NAME: Michael F. Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 0004 1923 Friends of Mike F. Lynch

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/12/02	Best Buy 4970 US Hiway 290 W. Austin, Tx	194 84

8 Purpose of payment (See instructions regarding type of information required.): Purchase of TV/VCR for Courtroom / chambers

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 ($)
1/16/02	S W Bell Houston, Texas	43 43

Purpose of payment (See instructions regarding type of information required.): Office Telephone 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 ($)
1/23/02	Austin Women's Political Caucus P.O. Box 12383, Austin, Tx 78711	65 00

Purpose of payment (See instructions regarding type of information required.): Annual dues / 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 ($)
2/5/02	Town Lake Florists 2609 E. Cesar Chavez Austin, Tx 78702	60 62

Purpose of payment (See instructions regarding type of information required.): Flowers for Funeral of CT Reporter's Mother from 167th Staff

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

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Revised 04/01/2000

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POLITICAL EXPENDITURES
~~MADE FROM PERSONAL FUNDS~~

SCHEDULE ~~G~~ F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G: p 2 of 4

2 FILER NAME: Michael F. Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission Use): 00041923 Friends of Mike F. Lynch

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount ($)	Reimbursement from political contributions intended
2/14/02	SW Bell Houston, Tx	Office Telephone Bill	42 92	☐
3/21/02	Fritz, Byrne & Head 98 San Jacinto Blvd, Suite 2000 Austin, Tx 78701	Meal Ticket - Retirement Lunch for Judge Abouzie	25 00	☐
4/2/02	SW Bell Houston, Tx	Office Telephone Bill	39 45	☐
3/28/02	Shoreline Grill San Jacinto & Cesar Chavez St. Austin, Tx 78701	STAFF Luncheon - CT coordinator Birthday	45 79	☐
4/11/02	SW Bell Houston, TX	Monthly office phone bill	41 72	☐

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Revised 1/97

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~~PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH~~ Poltical Expenditures

SCHEDULE ~~H~~ F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: p 3 of 4

2 FILER NAME: Michael F. Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923 Friends of Mike F. Lynch.

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
4/17/02	Cinco de Mayo Committee Stokes Building Rm 525 Travis County Courthouse Austin, TX 78701	25.00

8 Purpose of payment (See instructions regarding type of information required.): Contribution to County Picnic / celebration

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 ($)
4/24/02	Volunteer Legal Services Travis County Bar 800 Lavaca Austin, TX 78701	100.00

Purpose of payment (See instructions regarding type of information required.): Contribution to Awards Luncheon

-- 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 ($)
4/24/02	Shoreline Grill San Jacinto & Cesar Chavez Austin, TX 78701	50.81

Purpose of payment (See instructions regarding type of information required.): Secretary Day Luncheon w STAFF

-- 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 ($)
5/15/02	S W Bell Houston, TX	39.51

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

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~~NON-~~POLITICAL EXPENDITURES
~~MADE FROM POLITICAL CONTRIBUTIONS~~

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F: p.4 of 4

2 FILER NAME: Michael F Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): C0041923 Friends of mikeFLynch

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 ($)
5/23/02	Sam Biscoe Special Projects Stokes Building, 5th Fl / Courthouse Austin, TX 78701	25 00
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
6/3/02	Tx Assn. of District Judges Jo Bob Perkins Travis County Courthouse / Austin, TX 78701 Annual dues	10 00
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
6/11/02	SW Bell Houston, TX Monthly office Telephone Bill	39 48
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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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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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 ($)

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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 ($)
	NONE	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
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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