

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5402

FORM JC/OH COVER SHEET PG. 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

00041923

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
 Judge Michael F
 NICKNAME LAST SUFFIX
 Mike Lynch

OFFICE USE ONLY

Date Received: 2003 JUL -2 PM 1:52
 COUNTY CLERK
 BRAVIS COUNTY, TEXAS
 FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
 P.O. Box 1748
 Austin, TX 78767

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
 Thomas D
 NICKNAME LAST SUFFIX
 Tom FRITZ

Receipt # 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 (All-in C/OH / R)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 1 / 1 / 03 THROUGH 6 / 30 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year 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

Michael F Lynch / Friends of Mike Lynch

15 ACCOUNT # (Political Committee Identi)

00041923

16 NOTICE FROM POLITICAL COMMITTEE(S)

*** This box is for notice of political expenditures by political committees to support the candidate / officeholder. Those 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

* \$

4. TOTAL POLITICAL EXPENDITURES

* \$ *1281.38*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *10514.⁰⁰*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

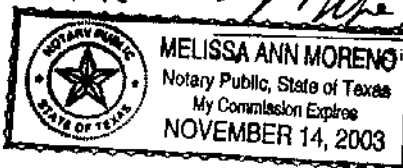
18 AFFIDAVIT

* *All Expenditures made through account of Friends of Mike Lynch. See attached pages & report of that committee which is on file & is herein adopted.*

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.

Michael F Lynch

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Mike F. Lynch*, this the *27th* day of *June*, 20*03*, to certify which, witness my hand and seal of office.

Melissa Ann Moreno

Signature of officer administering oath

Melissa Ann Moreno

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The **INSTRUCTION GUIDE** explains how to complete this form. NONE

1 Total pages Schedule A(J):

2 FILER NAME Michael F Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission files) 00041923

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

None

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):

2 FILER NAME

Mike Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission files)

00041923

4 TOTAL OF UNITEMIZED PLEDGES:

0 0 0 0 0 0 0

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)

NONE

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

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

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address; City; State; Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

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.

EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME Michael F Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers) 00041923

4 Date 1/10/03

5 Payee name STBC (Southwestern Bell)
6 Payee address: Houston, TX

7 Amount (\$) 41.06

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

9 -- Complete if direct expenditure to benefit C/OFF --
Candidate / Officer/holder name Office sought Office held

Date 1/30/03

Payee name AHS - PTSA
Payee address: 1715 Cesar Chavez Austin, TX

Amount (\$) 100.00

Purpose of payment (See instructions regarding type of information required.) Contribution to School Fundraiser

-- Complete if direct expenditure to benefit C/OFF --
Candidate / Officer/holder name Office sought Office held

Date 1/30/03

Payee name Mike Lynch
Payee address: PO Box 1748 Austin, TX 78767

Amount (\$) 30.00

Purpose of payment (See instructions regarding type of information required.) Reimb For STAFF meeting + lunch

-- Complete if direct expenditure to benefit C/OFF --
Candidate / Officer/holder name Office sought Office held

Date 2/12/03

Payee name STBC
Payee address: Houston, TX

Amount (\$) 43.73

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

-- Complete if direct expenditure to benefit C/OFF --
Candidate / Officer/holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

Michael F Lynch / Friends of Mike Lynch

3 ACCOUNT # (Election Commission filers)

00041923

4 Date

3/20/03

5 Payee name

STBC

7 Amount (\$)

54.34

6 Payee address; City; State; Zip Code

Houston, TX

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

Office phone bill

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

Candidate / Officeholder name Office sought Office held

Date

3/25/03

Payee name

Sal Hernandez

Amount (\$)

15.00

Payee address; City; State; Zip Code

PO Box 1748
Austin, TX 78767

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

Coffee for jury

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

Candidate / Officeholder name Office sought Office held

Date

3/28/03

Payee name

Threadgill's

Amount (\$)

100.00

Payee address; City; State; Zip Code

Riverside + Barton Springs
Austin, TX

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

STAFF lunch contribution

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

Candidate / Officeholder name Office sought Office held

Date

3/31/03

Payee name

Town Lake Florist

Amount (\$)

66.03

Payee address; City; State; Zip Code

2609 E. Cesar Chavez
Austin, TX 78702

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

Flowers - Funeral of B. Wunenburg
(Veldais Husband)

-- 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

Michael F. Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filing)

00041923

4 Date

~~5/10~~
4/9/03

5 Payee name

SBC

7 Amount (\$)

44⁰⁰

6 Payee address; City; State; Zip Code

Houston, TX

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

office phone bill

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

Date

4/11/03

Payee name

Cinco de Mayo Committee

Amount (\$)

25⁰⁰

Payee address; City; State; Zip Code

Courthouse Austin, TX 78767
PO Box 1748

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

Contribution - county employee celebration

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

Date

4/21/03

Payee name

Austin Firefighter Relief Outreach Fund

Amount (\$)

125⁰⁰

Payee address; City; State; Zip Code

Austin, TX
(austinfirefighters@sbcglobal.net)

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

Contribution - nonprofit fundraiser

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

Date

4/21/03

Payee name

Texas Bar Foundation

Amount (\$)

500⁰⁰

Payee address; City; State; Zip Code

PO Box 12487 Capitol Station
Austin, TX 78711

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

Michael F Lynch / Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filed)

00041923

4 Date

4/30/03

5 Payee name

TRAVIS COUNTY Bar Assn.

6 Payee address; City; State; Zip Code

7 Amount (\$)

30.00

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

Ticket - Law Day Luncheon

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

Date

5/12/03

Payee name

SBC

Payee address; City; State; Zip Code

Houston, TX

Amount (\$)

35.88

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

office phone bill

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

Date

5/12/03

Payee name

Sam Biscoe Special Project

Payee address; City; State; Zip Code

PO Box 1748 Courthouse
Austin, TX 78767

Amount (\$)

25.00

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

Juncteenth Employee Celebration

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

Date

6/9/03

Payee name

SBC

Payee address; City; State; Zip Code

Houston, TX

Amount (\$)

46.31

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

office phone bill

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The *Instruction Guide* explains how to complete this form.

1 Total pages this Schedule G.

2 FILER NAME

3 ACCOUNT # (Ethics Commission Uses)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission form)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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

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

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

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

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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule L

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages (this Schedule M)

2 FILER NAME

3 ACCOUNT # (Etiacs Commission filers)

4 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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Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission file)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file

Signature of Officeholder