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 5751

FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers): 00041923

2 Total pages filed: 13

3 COMMITTEE NAME: FRIENDS OF Mike Lynch

OFFICE USE ONLY

Date Received

FILED AND RECORD
2004 JUL -6 AM 11:18
TRAVIS COUNTY TEXAS
COUNTY CLERK

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

98 San Jacinto Blvd.
Suite 2000
Austin, Texas 78701

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: THOMAS MI: D

NICKNAME: TOM LAST: FRITZ 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 JSPAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 01 / 01 / 04 THROUGH Month Day Year: 06 / 30 / 04

11 ELECTION

ELECTION DATE Month Day Year: 11 / 2 / 04

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: MICHAEL F. LYNCH

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

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)	$ 1000.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,695.68
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 18,500.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ - 0 -

15 AFFIDAVIT

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 2nd day of July, 20 04, to certify which, witness my hand and seal of office.

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

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): 3

2 FILER NAME: friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 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)
1/1/04	Chris Dorbandt 505 Huntland, Ste 270 Austin, TX 78752	250.00	

9 Contributor's principal occupation: Atty

10 Contributor's job title: Atty

11 Contributor's employer/law firm: Chris Dorbandt + Associates

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)
1/2/04	Bryan Case PO Box 1748 Austin, TX 78767	50.00	

Contributor's principal occupation: Atty

Contributor's job title: Atty - Appellate Division

Contributor's employer/law firm: Travis County D.A.

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)
1/14/04	Peter Bloodworth 17012 Dashwood Cr. Pflugerville, TX 78660	100.00	

Contributor's principal occupation: Atty

Contributor's job title: Atty

Contributor's employer/law firm: Peter Bloodworth 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.

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): 3

2 FILER NAME: 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)
1/9/04	Herman, Howry, & Breen (Tim Herman) 1900 Pearl Austin, TX 78705	100.00	

9 Contributor's principal occupation: Attorney

10 Contributor's job title: Atty - Partner

11 Contributor's employer/law firm: Herman, Howry & Breen

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)
1/27/04	Franklin Scott Spears; Barton Oaks Plaza One, Ste 920, 901 Mopac S, Austin, TX 78746	100.00	

Contributor's principal occupation: Atty

Contributor's job title: Atty

Contributor's employer/law firm: Law office of F.S. Spears

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)
1/27/04	Keith Taniguchi; 3900 Manchaca Rd., Austin, TX 78704	100.00	

Contributor's principal occupation: Atty

Contributor's job title: Atty

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.

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): 3

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 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)
2/10/04	Russell Hunt PO Box 1758 Georgetown, TX 78627	50.00	

9 Contributor's principal occupation: Atty

10 Contributor's job title: Atty

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)
5/17/04	Sandra Ritz 902 Rio Grande Austin, TX 78701	~~500.00~~* 250.00	(*500 Rec'd 250.00 Returned) NOT Accepted

Contributor's principal occupation: Atty

Contributor's job title: Atty

Contributor's employer/law firm: Sandra Ritz 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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
1/5/04	Travis County Democratic Party 706 W. MLK Austin, TX 78701	91.00

8 Purpose of payment (See instructions regarding type of information required.): Filing Day Dinner Ticket

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 ($)
1/9/04	SBC Houston, TX	43.18

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	Payee name / Payee address: City: State: Zip Code	Amount ($)
1/16/04	Postmaster Austin, TX	51.80

Purpose of payment (See instructions regarding type of information required.): Stamps - Fundraiser Thank you letters, etc

-- 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 ($)
1/20/04	Melissa Moreno PO Box 1798 Austin, TX 78767	165.00

Purpose of payment (See instructions regarding type of information required.): Contract Work - Fundraiser, etc.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 11/21/2003

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/22/04	Ariel Payan 611 W. 15th Austin, Tx 78701	$250.00

8 Purpose of payment (See instructions regarding type of information required.): 50% refund of campaign contribution - only $250.00 accepted

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 ($)
1/30/04	A.H.S. - P.T.S.A Austin High Cesar Chavez + Mopac Austin TX 78703	$100.00

Purpose of payment (See instructions regarding type of information required.): contribution - award breakfast

-- 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 ($)
2/4/04	A.W.P.C. P.O. Box 12383 Austin, TX 78711	$65.00

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

-- 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 ($)
2/4/04	Texas Democratic Women 9a Kelle Bailey	$250.00

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

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: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission Filers): 00041923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
2/12/04	Sal Hernandez - Bailiff PO Box 1148 Austin, TX 78767	17 30

8 Purpose of payment (See instructions regarding type of information required.): Coffee etc For Jurors - Refund

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 ($)
2/23/04	AWRC. PO Box 12383 Austin, TX 78711	100 00

Purpose of payment (See instructions regarding type of information required.): Fundraiser - 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 ($)
3/3/04	Leukemia + Lymphoma Society 8500 N. Mopac Austin, TX 78759	50 00

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 / Payee address: City: State: Zip Code	Amount ($)
3/5/04	S.B.C. Houston, TX	45 53

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

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

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1

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filer): 00091923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
3/12/04	SBC Houston, TX	45.95

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

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 ($)
3/12/05	Melissa Moreno PO Box 1748 Austin, TX 78767	25.00

Purpose of payment (See instructions regarding type of information required.): Reimb - office / Juay Food Supplies, etc.

-- 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 ($)
3/31/04	Debra Hale PO Box 1748 Austin, TX 78767	15.00

Purpose of payment (See instructions regarding type of information required.): Flowers - Kocurek Funeral

-- 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 ($)
4/29/04	U. T. Law School Foundation U.T. Law School Austin, TX	200.00

Purpose of payment (See instructions regarding type of information required.): Contribution - Wm. Wayne Justice Center

-- 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: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission files): 00041923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
4/9/04	SBC Houston, TX	39 97

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

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 ($)
4/9/04	ST. Theresa Catholic Church 4311 Small Dr. Austin, TX 78731	100 00

Purpose of payment (See instructions regarding type of information required.): orphanage - Flood Relief 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 ($)
4/19/04	Margaret Gomez PO Box 1748 Austin, TX 78767	25 00

Purpose of payment (See instructions regarding type of information required.): Cinco de Mayo Celebration - 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 ($)
4/23/04	Vivo Restaurant 2015 Manor Rd Austin, TX 78722	25 00

Purpose of payment (See instructions regarding type of information required.): Secretary Day - luncheon

-- 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: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission Filers): 00041923

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/13/04	Thomas D. Fritz 98 San Jacinto Blvd. Suite 2000 Austin, TX 78701	375.00

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
Law School - 30th year Reunion Reception (Moonshine)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/11/04	SBC Houston, TX	45.75

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
Office Phone	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/13/04	Sandra Ritz 902 Rio Grande Austin, TX 78701	250.00

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
50% Refund of contribution (only $250.00 accepted)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/20/04	Wolf Camera 607 Congress Austin, TX 78701	47.58

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
Office - Frames for office	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
5/21/04	Wolf Camera (Same)	72 80

8 Purpose of payment (See instructions regarding type of information required.): Allen Elementary - Photos for Class - Mentoring Project

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 ($)
5/21/04	Sam Biscoe Special Projects P.O. Box 1748 Austin, TX 78767	25 00

Purpose of payment (See instructions regarding type of information required.): Juneteenth County celebration

-- 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 ($)
6/4/04	Melissa Moreno P.O. Box 1748 Austin, TX 78767	16 00

Purpose of payment (See instructions regarding type of information required.): Atty Fagborg - wedding gift Reimb.

-- 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 ($)
6/8/04	Brian Roark 812 San Antonio Suite 305 Austin, TX 78701	40 00

Purpose of payment (See instructions regarding type of information required.): Business Lunch Meeting (Reimb.)

-- 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: 8

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
6/16/04	SBC Houston, TX	56 87

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

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 ($)
6/28/04	Executive Essentials 2408 E. Oakton Arlington Hts. Il. 60005	52 95

Purpose of payment (See instructions regarding type of information required.): Office Supplies - pen refills

-- 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 ($)

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	Payee name / Payee 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FBH
&H
FRITZ, BYRNE, HEAD & HARRISON, LLP
Attorneys at Law

July 6, 2004

VIA HAND DELIVERY
Ms. Dana DeBeauvoir
Travis County Clerk
5501 Airport
Austin, Texas 78775

Re: Friends of Mike Lynch

Dear Ms. DeBeauvoir:

Enclosed please find the original and one (1) copy of the **Judicial Specific-Purpose Committee Campaign Finance Report** to be filed with your office on behalf of the above referenced committee.

After the enclosed Report has been filed, please conform the extra copy with your file-mark and return it to the undersigned via courier standing by.

If you have any questions, please give me a call. Thank you in advance for your assistance.

Sincerely,

Karen Ferguson

Karen Ferguson, Secretary to
Thomas D. Fritz

TDF/kf
Enclosures