

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5753

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00841923	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS: MRS: MR FIRST MI Judge Michael F. NICKNAME LAST SUFFIX Mike Lynch	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE PO Box 1748 Austin, TX 78767		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 854-9310		
6 CAMPAIGN TREASURER NAME	MS: MRS: MR FIRST MI Thomas D. NICKNAME LAST SUFFIX Tom FITZ		
7 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		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 476-2020		
9 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 (officer 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 04 THROUGH 6 / 30 / 04		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 3 / / 04		
12 OFFICE	OFFICE HELD (if any) 167th District Court	13 OFFICE SOUGHT (if known) SAME	
14 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

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME *Michael F. Lynch / Friends of Mike Lynch* 16 ACCOUNT # (Ethics Commission files) *00041923*

17 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: GENERAL SPECIFIC

COMMITTEE NAME: *Friends of Mike Lynch*

COMMITTEE ADDRESS: *98 San Jacinto Blvd. Suite 2000 Austin, TX 78701*

COMMITTEE CAMPAIGN TREASURER NAME: *Thomas D. Fritz*

COMMITTEE CAMPAIGN TREASURER ADDRESS: *Same as above*

additional pages

18 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)	\$ <i>1250⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2695⁶⁸</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>18500⁰⁰</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

All Expenditures and contributions made through Friends of Mike Lynch Committee. See attached pages to report of committee which 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



AFFIX NOTARY STAMP / SEAL ABOVE

MFL

Sworn to and subscribed before me, by the said *Michael F. Lynch* on *July*, 20 *04*, 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

Notary Public, State of Texas
My Commission Expires
NOVEMBER 14, 2007
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.		1 Total pages Schedule A(J): 3	
2 FILER NAME Michael F. Lynch		3 ACCOUNT # (Ethics Commission filers) 00091923	
4 Date 1/1/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Dorbandt	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 505 Highland, Ste 270 Austin, TX 78752			
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 1/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryan Case	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO Box 1748 Austin, TX 78767			
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 1/14/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peter Bloodworth	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 17012 Dashwood Cr. Pflugerville, TX 78660			
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 Michael F. Lynch		3 ACCOUNT # (Ethics Commission filers) 00041923	
4 Date 1/9/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herman, Howry, & Breen (Tim Herman)	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1900 Pearl Austin, TX 78705			
9 Contributor's principal occupation Attorneys		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 1/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franklin Scott Spears	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Barton Oaks Plaza One, Ste 420 901 Mopac S Austin, TX 78746			
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 1/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keith Taniguchi	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3900 Manchaca Rd. Austin, TX 78704			
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
Michael F. Lynch

3 ACCOUNT # (Ethics Commission files)
00041923

4 Date
2/10/04

5 Full name of contributor out-of-state PAC (ID#)
Russell Hunt
6 Contributor address: City: State: Zip Code
**PO Box 1758
Georgetown, TX 78627**

7 Amount of contribution (\$)
50⁰⁰

8 In-kind contribution description (if applicable)

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
5/17/04

Full name of contributor out-of-state PAC (ID#)
Sandra Ritz
Contributor address: City: State: Zip Code
**902 Rio Grande
Austin, TX 78701**

Amount of contribution (\$)
\$500⁰⁰*

In-kind contribution description (if applicable)
**(* \$250⁰⁰ 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.

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		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		
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# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
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# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		
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 <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate
		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 <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> 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 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8
2 FILER NAME Michael F. Lynch		3 ACCOUNT # (Ethics Commission filers) 00041923
4 Date 1/5/04	5 Payee name Travis County Democratic Party	7 Amount (\$) \$100.00
6 Payee address: City: State: Zip Code 206 W. MLK Austin, TX 78701		
8 Purpose of payment (See instructions regarding type of information required.) Filing Day Dinner Ticket		9 ** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder name Office sought Office held
Date 1/9/04	Payee name SBC	Amount (\$) 43¹⁸
Payee address: City: State: Zip Code Houston, TX		
Purpose of payment (See instructions regarding type of information required.) Office Telephone Monthly Bill		** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder name Office sought Office held
Date 1/16/04	Payee name Postmaster	Amount (\$) 51³⁰
Payee address: City: State: Zip Code Austin, TX		
Purpose of payment (See instructions regarding type of information required.) Stamps - Fundraiser Thank you letters, etc		** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder name Office sought Office held
Date 1/20/04	Payee name Melissa Moreno	Amount (\$) 165⁰⁰
Payee address: City: State: Zip Code PO Box 1798 Austin, TX 78707		
Purpose of payment (See instructions regarding type of information required.) Contract Work - Fundraiser, etc.		** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder 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

3 ACCOUNT # (Ethics Commission filers)

00041923

4 Date

5 Payee name

7 Amount (\$)

1/22/04

Ariel Payan

\$ 250⁰⁰

6 Payee address: City: State: Zip Code

611 W. 15th
Austin, TX 78701

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

50% refund of campaign contribution - only \$250⁰⁰ accepted

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

Date

Payee name

Amount (\$)

1/30/04

A.H.S. - P.T.S.A

\$ 100⁰⁰

Payee address: City: State: Zip Code

Austin High
Cesar Chavez + Vnopac Austin TX 78703

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

contribution - award breakfast

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

Date

Payee name

Amount (\$)

2/4/04

A.W.P.C.

\$ 65⁰⁰

Payee address: City: State: Zip Code

P.O. Box 12383
Austin, TX 78711

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

yearly dues

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

Date

Payee name

Amount (\$)

2/4/04

Texas Democratic Women

\$ 250⁰⁰

Payee address: City: State: Zip Code

90 Kellie Bailey

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

contribution

-- Complete if direct expenditure to benefit C/CH --
Candidate / Officerholder 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 *Michael F. Lynch* 3 ACCOUNT # (Ethics Commission filers)
00041923

4 Date	5 Payee name	7 Amount (\$)
<i>2/12/04</i>	<i>Sal Hernandez - Bailiff</i>	<i>17³⁰</i>
	6 Payee address: City: State: Zip Code	
	<i>PO Box 1748 Austin, TX 78767</i>	

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

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

Date	Payee name	Amount (\$)
<i>2/23/04</i>	<i>AWRC.</i>	<i>100⁰⁰</i>
	Payee address: City: State: Zip Code	
	<i>PO Box 12383 Austin, TX 78711</i>	

Purpose of payment (See instructions regarding type of information required.) *Fundraiser - Contribution*

** Complete if direct expenditure to benefit C/CH **
Candidate / Officer/holder name Office sought Office held

Date	Payee name	Amount (\$)
<i>3/3/04</i>	<i>Leukemia & Lymphoma Society</i>	<i>\$ 50⁰⁰</i>
	Payee address: City: State: Zip Code	
	<i>8500 N. Mopac Austin, TX 78759</i>	

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

** Complete if direct expenditure to benefit C/CH **
Candidate / Officer/holder name Office sought Office held

Date	Payee name	Amount (\$)
<i>3/5/04</i>	<i>S.B.C.</i>	<i>45⁵³</i>
	Payee address: City: State: Zip Code	
	<i>1. Houston, TX</i>	

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

** Complete if direct expenditure to benefit C/CH **
Candidate / Officer/holder 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

3 ACCOUNT # (Ethics Commission filers)

00041923

4 Date	5 Payee name	7 Amount (\$)
3/12/04	SBC 6 Payee address: City: State: Zip Code Houston TX	45 ⁹⁵

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder name Office sought Office held
Office Phone	

Date	Payee name	Amount (\$)
3/12/05	Melissa Moreno Payee address: City: State: Zip Code PO Box 1748 Austin, TX 78767	25 ⁰⁰

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder name Office sought Office held
Reimb - office / Travel Food Supplies, etc.	

Date	Payee name	Amount (\$)
3/31/04	Debra Hale Payee address: City: State: Zip Code PO Box 1748 Austin TX 78767	15 ⁰⁰

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder name Office sought Office held
Flowers - Kocurek Funeral	

Date	Payee name	Amount (\$)
4/29/04	U. T. Law School Foundation Payee address: City: State: Zip Code U.T. Law School Austin, TX	200 ⁰⁰

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/CH ** Candidate / Officer/holder name Office sought Office held
Contribution - Wm. Wayne Justice Center	

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 **Michael F. Lynch** 3 ACCOUNT # (Ethics Commission filer)
00041923

4 Date	5 Payee name	7 Amount (\$)
4/19/04	SBC	39⁹⁷
	6 Payee address: City, State, Zip Code	
	1-Houston, TX	

8 Purpose of payment (See instructions regarding type of information required.) **Office Phone** 9 **** Complete if direct expenditure to benefit C/CH ****
Candidate / Officer/ider name Office sought Office held

Date	Payee name	Amount (\$)
4/19/04	ST. Theresa Catholic Church	100⁰⁰
	Payee address: City, State, Zip Code	
	4311 Small Dr. AUSTIN, TX 78731	

Purpose of payment (See instructions regarding type of information required.) **orphanage-Flood Relief contribution** **** Complete if direct expenditure to benefit C/CH ****
Candidate / Officer/ider name Office sought Office held

Date	Payee name	Amount (\$)
4/19/04	Margaret Gomez	25⁰⁰
	Payee address: City, State, Zip Code	
	PO Box 1748 Austin, TX 78767	

Purpose of payment (See instructions regarding type of information required.) **Cinco de Mayo Celebration - contribution** **** Complete if direct expenditure to benefit C/CH ****
Candidate / Officer/ider name Office sought Office held

Date	Payee name	Amount (\$)
4/23/04	Vivo Restaurant	25⁰⁰
	Payee address: City, State, Zip Code	
	2015 Manor Rd Austin, TX 78722	

Purpose of payment (See instructions regarding type of information required.) **Secretary Day - luncheon** **** Complete if direct expenditure to benefit C/CH ****
Candidate / Officer/ider 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 Michael F. Lynch		3 ACCOUNT # (Ethics Commission file #) 00041923
4 Date 5/13/04	5 Payee name Thomas D. Fritz	7 Amount (\$) 375⁰⁰
6 Payee address: City, State, Zip Code 98 San Jacinto Blvd. Suite 2000 Austin TX 78701		
8 Purpose of payment (See instructions regarding type of information required.) Law School - 30th year Reunion Reception (Moonshine)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/CH <input type="checkbox"/> Candidate: _____ Officer/other name: _____ Office sought: _____ Office held: _____
Date 5/11/04	Payee name SBC	Amount (\$) 45⁷⁵
Payee address: City, State, Zip Code Houston, TX		
Purpose of payment (See instructions regarding type of information required.) Office Phone		<input type="checkbox"/> Complete if direct expenditure to benefit C/CH <input type="checkbox"/> Candidate: _____ Officer/other name: _____ Office sought: _____ Office held: _____
Date 5/13/04	Payee name Sandra Ritz	Amount (\$) 250⁰⁰
Payee address: City, State, Zip Code 902 Rio Grande Austin, TX 78701		
Purpose of payment (See instructions regarding type of information required.) 50% Refund of contribution (only \$250⁰⁰ accepted)		<input type="checkbox"/> Complete if direct expenditure to benefit C/CH <input type="checkbox"/> Candidate: _____ Officer/other name: _____ Office sought: _____ Office held: _____
Date 5/20/04	Payee name Wolf Camera	Amount (\$) 47⁵⁸
Payee address: City, State, Zip Code 607 Congress Austin, TX 78701		
Purpose of payment (See instructions regarding type of information required.) Office - Frames for office		<input type="checkbox"/> Complete if direct expenditure to benefit C/CH <input type="checkbox"/> Candidate: _____ Officer/other 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 Michael F. Lynch		3 ACCOUNT # (Ethics Commission filer): 00041923
4 Date 5/21/04	5 Payee name Wolf Camera	7 Amount (\$) 72⁸⁰
6 Payee address: City, State, Zip Code (SAME)		
8 Purpose of payment (See instructions regarding type of information required.): AMEN Elementary - Photos for class - Mentoring project		9 Complete if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held
Date 5/21/04	Payee name Sam Biscoe Special Projects	Amount (\$) 25⁰⁰
Payee address: City, State, Zip Code PO. Box 1748 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.): Juneteenth County celebration		Complete if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held
Date 6/4/04	Payee name Melissa Moreno	Amount (\$) 16⁰⁰
Payee address: City, State, Zip Code PO. Box 1748 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.): ATTY Fagerberg - wedding gift Reimb.		Complete if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held
Date 6/8/04	Payee name Brian Roark	Amount (\$) 40⁰⁰
Payee address: City, State, Zip Code 812 San Antonio Suite 305 Austin, TX 78701		
Purpose of payment (See instructions regarding type of information required.): Business Lunch Meeting (Reimb.)		Complete if direct expenditure to benefit C/OH Candidate / Officer/holder 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 **Michael F. Lynch**

3 ACCOUNT # (Ethics Commission Form)
00041923

4 Date	5 Payee name	7 Amount (\$)
6/16/04	SBC 6 Payee address: Houston, TX City: State: Zip Code	5687

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

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

Date	Payee name	Amount (\$)
6/28/04	Executive Essentials Payee address: 2408 E. OAKTON Arlington Hts. IL. 60005 City: State: Zip Code	5295

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

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

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

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

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

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

NONE

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages (this Schedule G):

2 **FILER NAME** 3 **ACCOUNT #** (Ethics Commission files)

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

Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount (\$) <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

NONE

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 / Officeholder 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 / Officeholder 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 / Officeholder 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 / Officeholder 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. *NONE*

1 Total pages this Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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.)	

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CREDITS (optional)

NONE

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

NONE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

NONE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 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

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" --

NONE

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 not an officeholder. --

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. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



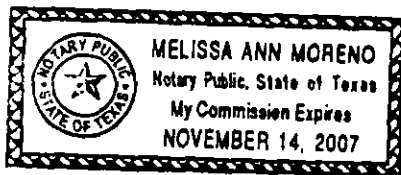
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer name <i>Michael F Lynch</i>	Account # <i>00041923</i>
--------------------------------------	------------------------------

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign Finance Report report due on 7/15/04. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



Michael F Lynch
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael F. Lynch this the 1st day of July

not to certify which, witness my hand and seal of office.

<i>Melissa Ann Moreno</i>	<i>Melissa Ann Moreno</i>	
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.