JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS 5876

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

ACCOUNT # (Ethics Commission filers): 00041923

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)

- [ ] CANDIDATE
- [x] OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME: MIKE LYNCH

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

- [x] SUPPORT
- [ ] OPPOSE
- [ ] ASSIST (officeholders only)

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**	$ 2,994.38
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15,230.00
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
My Commission Expires
AUG. 6, 2008

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 6th day of January, 20 05, to certify which, witness my hand and seal of office.

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

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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: 10

3 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 98 SAN JACINTO BLVD.
APT / SUITE #: SUITE 2000
CITY: AUSTIN
STATE: TEXAS
ZIP CODE: 78701

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR.
FIRST: THOMAS
MI: D.
NICKNAME:
LAST: PRITZ
SUFFIX:

Receipt #
Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): SAME
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX: SAME
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512)
PHONE NUMBER: 476-2020
EXTENSION:

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: 07/01/04 THROUGH Month Day Year: 12/31/04

11 ELECTION

ELECTION DATE Month Day Year: 11/ /04

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

GO TO PAGE 2

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: 1 of 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 ($)
7/6/04	Las Manitas Restaurant 211 Congress Austin, TX 78701	26.00

8 Purpose of payment (See instructions regarding type of information required.): Luncheon - business - Campaign Treasurer

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 ($)
7/12/04	SBC Houston, TX	44.55

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 ($)
7/14/04	Austin AFL-CIO 11th + Lavaca Austin, TX 78701	115.00

Purpose of payment (See instructions regarding type of information required.): Labor Day Program Ad

-- 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 ($)
8/2/04	Austin Tejano Democrats 373 Tobin Dr. Buda TX 78610	250.00

Purpose of payment (See instructions regarding type of information required.): Contribution - Awards Ceremony

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

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Revised 11/01/2003

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 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 ($)
8/9/04	SBC Houston, TX	43 11

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

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 ($)
8/17/04	Judge Elizabeth Earle P.O. Box 1748 Austin, TX 78767	15 00

Purpose of payment (See instructions regarding type of information required.): Birthday - chief administrator

-- 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 ($)
8/25/04	AYLA Foundation 816 Congress Austin, TX 78701	40 91

Purpose of payment (See instructions regarding type of information required.): bar & grill ad

-- 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 ($)
8/25/04	AYLA Foundation 816 Congress Austin, TX 78701	60 00

Purpose of payment (See instructions regarding type of information required.): bar & grill Tickets

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 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 ($)
8/26/04	Stephanie Cisneros Austin AISD Mentor program PO Box 1748 Austin, TX 78763	25.00

8 Purpose of payment (See instructions regarding type of information required.): School Supplies - Allan Elem.

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 ($)
9/10/04	SBC Houston, TX	43.62

Purpose of payment (See instructions regarding type of information required.): Office phone 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 ($)
9/13/04	Communities in Schools - Central Texas 3000 S. IH 35 Ste 200 Austin, TX 78704	50.00

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 ($)
9/13/04	2 Texas Grill W. 6th St Austin, TX 78703	100.00

Purpose of payment (See instructions regarding type of information required.): Old West Austin Neighborhood Celebration - contribution/Tics

-- 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: 4 of 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 ($)
9/16/04	Travis County Democratic Party Austin TX	1500.00

8 Purpose of payment (See instructions regarding type of information required.): Election year contribution

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 ($)
10/4/04	Debra Hale PO Box 1748 Austin, TX 78703	10.00

Purpose of payment (See instructions regarding type of information required.): Contribution To Flowers For hospitalized Auditor

-- 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 ($)
10/5/04	U.S Postmaster Austin, TX	37.00

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

-- 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 ($)
10/11/04	SBC Houston, TX	43.60

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

-- 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: 5 of 8

2 FILER NAME: FRIENDS FOR MIKE LYNCH

3 ACCOUNT # (Ethics Commission Use): CC041923

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
10/13/04	Hog Island Deli 1612 Lavaca Austin, TX 78701	97.68

8 Purpose of payment (See instructions regarding type of information required.): Judge/Staff Lunches - Judges Business Meeting of Jury Trial

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 ($)
10/13/04	Hog Island Deli Same	20.00

Purpose of payment (See instructions regarding type of information required.): Same - delivery Tip

-- 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 ($)
11/10/04	Town Lake Florists 2609 E Cesar Chavez Austin, TX 78702	80.11

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

-- 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 ($)
12/1/04	Sal Hernandez PO Box 1748 Austin, TX 78767	12.53

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

-- 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: 6 of 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 ($)
12/1/04	Austin Bar Assn 816 Congress Austin, TX 78701	30.00

8 Purpose of payment (See instructions regarding type of information required.): Judge Davis Retirement Lunch

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 ($)
12/9/04	Judge Bob Perkins P.O. Box 1748 Austin, TX 78767	19.19

Purpose of payment (See instructions regarding type of information required.): Retirement gift – CSCD Director

-- 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 ($)
12/9/04	SBC Houston, TX	94.82

Purpose of payment (See instructions regarding type of information required.): 2 months office phone bill

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
12/15/04	Family Elder Care 2210 Hancock Dr. Austin, TX 78756	50.00

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

-- 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: 7 of 8

2 FILER NAME: FRIENDS OF MIKE LYNCH

3 ACCOUNT # (Ethics Commission filer#): 00041923

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/16/04	Luby's Bradie Lane Austin, TX	50.00

8 Purpose of payment (See instructions regarding type of information required.): STAFF XMAS - breakfast + gifts

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 ($)
12/16/04	Austinuts Anderson Lane Austin TX	58.87

Purpose of payment (See instructions regarding type of information required.): XMAS breakfast + gifts STAFF (J. Blackwell)

-- 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 ($)
12/20/04	Judge Nancy Hohengarten P.O. Box 1748 Austin, TX 78767	10.00

Purpose of payment (See instructions regarding type of information required.): Chief Administrative - XMAS gift

-- 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 ($)
12/20/04	Mike Lynch PO Box 1748 Austin TX 78767	50.00

Purpose of payment (See instructions regarding type of information required.): Reimb - XMAS breakfast + gift/STAFF/J Blackwell/(MC)

-- 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 of 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 ($)
11/10/04	Betty Schmidt PO Box 1748 Austin TX 78767	20.00

8 Purpose of payment (See instructions regarding type of information required.): Coffee Fund - Jury - Aux. Court

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 ($)

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

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

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FBH

FRITZ, BYRNE, HEAD & HARRISON, LLP

January 6, 2005

PM 2:03
TEXAS

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

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98 SAN JACINTO BOULEVARD SUITE 2000 AUSTIN, TEXAS 78701 (512) 476-2020 FAX: (512) 477-5267 WWW.FBHH.COM