

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5878

FORM JC/OH  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) <b>00041923</b>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	VS / MRS / MR FIRST MI <b>Judge Michael F.</b>  NICKNAME LAST SUFFIX <b>MIKE Lynch</b>	OFFICE USE ONLY  Date Received  Date hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>PO Box 1748 Austin, TX 78767</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 854-9310</b>		
6 CAMPAIGN TREASURER NAME	VS / MRS / MR FIRST MI <b>Thomas D.</b>  NICKNAME LAST SUFFIX <b>Fritz</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (INC PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>98 San Jacinto Blvd. Suite 2000 Austin, TX 78701</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 476-2020</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment / officeholder date <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach CCH-PR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>7 / 1 / 04    THROUGH    12 / 31 / 04</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>11 / 8 / 04</b>		
12 OFFICE	OFFICE HELD (if any) <b>Judge 167th District Ct.</b>	13 OFFICE SOUGHT (if known) <b>SAME</b>	
14 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  <input type="checkbox"/> additional pages		

RECEIVED  
 CLERK OF COURTS  
 JUDICIAL DEPARTMENT  
 TEXAS  
 NOV 11 11 51 AM '04  
 COUNTY CLERK

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 File #)

*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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<i>Friends of Mike Lynch</i>
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<i>98 San Jacinto Blvd., Suite 2000 AUSTIN, TX 78701</i>
	COMMITTEE CAMPAIGN TREASURER NAME
	<i>Thomas D. Fritz</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<i>Same as above</i>

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) \$

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ *2994<sup>38</sup>*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *15230<sup>00</sup>*

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

*All Expenditures made thru Friends of Mike Lynch. See*

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.

*This report & committee report which is herein adopted and affirmed. MFL*



*Michael F. Lynch*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael F. Lynch this the 5<sup>th</sup> day of January 20 05 to certify which, witness my hand and seal of office.

*Melissa Ann Moreno* Melissa Ann Moreno Judicial Aide  
Signature of officer administering oath 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.		1 Total pages Schedule A (J)	
2 FILER NAME  <i>N/A</i>		3 ACCOUNT # (Ethics Commission file)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) _____	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code			
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 <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) _____	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
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 <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) _____	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
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)**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B(J)

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

4 TOTAL OF UNITEMIZED PLEDGES: \$

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

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

1 Total pages Schedule E (J)

2 FILER NAME

*N/A*

3 ACCOUNT # (Ethics Commission files)

4

TOTAL OF UNITEMIZED LOANS: \$

\$

5 Date of loan

7 Name of lender

out-of-state PAC (Da \_\_\_\_\_)

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

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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME		3 ACCOUNT # Ethics Commission uses
4 Date	5 Payee name	7 Amount (\$)
7/6/04	Las Manitas Restaurant 211 Congress Austin, TX 78701	26 <sup>00</sup>
6 Payee address: City: State: Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) Lunches - business - <sup>relief</sup> bailiff/ Campaign Treasurer		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
7/12/04	SBC Houston, TX	44 <sup>55</sup>
Payee address: City: State: Zip Code		
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	Amount (\$)
7/14/04	Austin AFL-CIO 11th & Lavaca Austin, TX 78701	115 <sup>00</sup>
Payee address: City: State: Zip Code		
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	Amount (\$)
8/2/04	Austin Texans Democrats 373 Tobin Dr. Buda, TX 78610	250 <sup>00</sup>
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) Contributions - Awards Ceremony		** 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		3 ACCOUNT # Ethics Commission users
4 Date	5 Payee name	7 Amount (\$)
8/9/04	SBC 6 Payee address: City: State: Zip Code Houston, TX	43 <sup>11</sup>
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	Amount (\$)
8/17/04	Judge Elizabeth Earle 6 Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767	15 <sup>00</sup>
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	Amount (\$)
8/25/04	AYLA Foundation 6 Payee address: City: State: Zip Code 816 Congress Austin, TX 78701	40 <sup>91</sup>
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	Amount (\$)
8/25/04	AYLA Foundation 6 Payee address: City: State: Zip Code 816 Congress Austin, TX 78701	60 <sup>00</sup>
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
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		3 ACCOUNT # Ethics Commission File #
4 Date	5 Payee name Stephanie Cisneros Austin AISD MENTOR PROGRAM	7 Amount (\$) 25 <sup>00</sup>
8/26/04	6 Payee address: City: State: Zip Code PO Box 1748 Austin, TX 78763	
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 / Officer/holder name Office sought Office held
Date	Payee name SBC	Amount (\$)
9/10/04	Payee address: City: State: Zip Code Houston, TX	43 <sup>62</sup>
Purpose of payment (See instructions regarding type of information required.) Office phone monthly bill		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name Office sought Office held
Date	Payee name Communities in Schools - Central Texas	Amount (\$)
9/13/04	Payee address: City: State: Zip Code 3000 S. IH 35 STE 200 Austin, TX 78704	50 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Fundraiser Contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name Office sought Office held
Date	Payee name Z! Texas Grill	Amount (\$)
9/13/04	Payee address: City: State: Zip Code W. 6th ST Austin, TX 78703	100 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Old West Austin Neighborhood Celebration - Contribution/Ties		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		



<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME		3 ACCOUNT # Ethics Commission Files
4 Date	5 Payee name <i>Travis County Democratic Party</i>	7 Amount (\$) <i>1500<sup>00</sup></i>
<i>9/10/04</i>	6 Payee address City State Zip Code <i>Austin TX</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Election year contribution</i>		9 <small>** Complete if direct expenditure to benefit C/CH **</small> Candidate / Officer/holder name Office sought Office held
Date <i>10/4/04</i>	Payee name <i>Debra Hale</i>	Amount (\$) <i>10<sup>00</sup></i>
	Payee address City State Zip Code <i>PO Box 1748 Austin, TX 78703</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Contribution to Flowers for hospitalized Auditor</i>		<small>** Complete if direct expenditure to benefit C/CH **</small> Candidate / Officer/holder name Office sought Office held
Date <i>10/5/04</i>	Payee name <i>U.S Postmaster</i>	Amount (\$) <i>37<sup>00</sup></i>
	Payee address City State Zip Code <i>Austin, TX</i>	
Purpose of payment (See instructions regarding type of information required.) <i>STAMPS for office</i>		<small>** Complete if direct expenditure to benefit C/CH **</small> Candidate / Officer/holder name Office sought Office held
Date <i>10/11/04</i>	Payee name <i>SBC</i>	Amount (\$) <i>43<sup>50</sup></i>
	Payee address City State Zip Code <i>Houston, TX</i>	
Purpose of payment (See instructions regarding type of information required.) <i>office phone bill</i>		<small>** Complete if direct expenditure to benefit C/CH **</small> Candidate / Officer/holder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME		3 ACCOUNT # Ethics Commission Users
4 Date	5 Payee name	7 Amount (\$)
10/13/04	Hog Island Deli 1612 Lavaca Austin, TX 78701	97 <sup>08</sup>
6 Payee address: City: State: Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) Judge/STAFF Lunches - Judges Business meetings / Jury Trial		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
10/13/04	Hog Island Deli Same	20 <sup>00</sup>
6 Payee address: City: State: Zip Code		
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	Amount (\$)
11/10/04	Town Lake Florists 2609 E Cesar Chavez Austin, TX 78702	80 <sup>11</sup>
6 Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) Funeral Flowers - Kiker		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
12/1/04	Sal Hernandez PO Box 1748 Austin, TX 78767	12 <sup>53</sup>
6 Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) Junco Coffee		** 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		3 ACCOUNT # Ethics Commission filers
4 Date	5 Payee name	7 Amount (\$)
12/1/04	Austin Bar Ass'n	30 <sup>00</sup>
6 Payee address: City: State: Zip Code		
816 Congress Austin, TX 78701		
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
Judge Davis Retirement Lunch		
Date	Payee name	Amount (\$)
12/9/04	Judge Bob Perkins	19 <sup>19</sup>
Payee address: City: State: Zip Code		
P.O. Box 1748 Austin, TX 78767		
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
Retirement gift - CSCD Director		
Date	Payee name	Amount (\$)
12/9/04	SBCL	94 <sup>82</sup>
Payee address: City: State: Zip Code		
Houston, TX		
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
2 months office phone bill		
Date	Payee name	Amount (\$)
12/15/04	Family Elder Care	50 <sup>00</sup>
Payee address: City: State: Zip Code		
2210 Hancock Dr. Austin, TX 78756		
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
Holiday Contribution		
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		3 ACCOUNT # Ethics Commission files
4 Date	5 Payee name	7 Amount (\$)
12/16/04	Luby's 6 Payee address: City: State: Zip Code Brodie Lane Austin, TX	50 <sup>00</sup>
8 Purpose of payment (See instructions regarding type of information required.) STAFF XMAS - breakfast & GIFTS		9 <b>** Complete if direct expenditure to benefit C/O: **</b> Candidate / Officer/holder name Office sought Office held
Date	Payee name	Amount (\$)
12/16/04	AUSTINUTS Payee address: City: State: Zip Code Anderson Lane Austin TX	56 <sup>87</sup>
Purpose of payment (See instructions regarding type of information required.) XMAS breakfast & GIFTS STAFF (J. Blackwell)		<b>** Complete if direct expenditure to benefit C/O: **</b> Candidate / Officer/holder name Office sought Office held
Date	Payee name	Amount (\$)
12/20/04	Judge Nancy Hohengarten Payee address: City: State: Zip Code PO. Box 1748 Austin, TX 78767	10 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Chief Administrator - XMAS gift		<b>** Complete if direct expenditure to benefit C/O: **</b> Candidate / Officer/holder name Office sought Office held
Date	Payee name	Amount (\$)
12/20/04	Mike Lynch Payee address: City: State: Zip Code PO Box 1748 Austin TX 78767	50 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Reimb - XMAS breakfast & gift/STAFF/J Blackwell/(MC)		<b>** Complete if direct expenditure to benefit C/O: **</b> 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
2 FILER NAME		3 ACCOUNT # Ethics Commission only
4 Date <i>11/10/04</i>	5 Payee name <i>Betty Schmidt</i>	7 Amount (\$) <i>20.00</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.) <i>Coffee Fund - July - Aug. COURT</i>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officer/holder 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.)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officer/holder 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.)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officer/holder 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.)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officer/holder name Office sought Office held

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The INSTRUCTION: GUIDE explains how to complete this form.		1 Total pages Schedule H
2 FILER NAME <p style="text-align: center; font-size: 2em;">N/A</p>		3 ACCOUNT # (Ethics Commission file#)
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:

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission Use)

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





# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages (this Schedule L)

2 FILER NAME

*N/A*

3 ACCOUNT # Ethics Commission File #

LENDER INFORMATION

4 Name of lender

5 Lender address: City: State: Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

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# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M

2 FILER NAME

N/A

3 ACCOUNT # Ethics Commission File

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

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