JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6009

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: 11

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

3 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

4 COMMITTEE ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 98 SAN JACINTO BLVD
APT / SUITE #: Suite 2000
CITY: Austin
STATE: Tx
ZIP CODE: 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): 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 / PHONE NUMBER: (512) 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: 01 / 01 / 05 THROUGH Month Day Year: 06 / 30 / 05

11 ELECTION
ELECTION DATE Month Day Year: / /
ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

GO TO PAGE 2

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): 00 041923

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): JUDGE 167th DISTRICT COURT, TRAVIS County

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**	$ 2,119.65
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 13,134.54
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 13th day of July, 20 05, 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

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: 9

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 ($)
1/19/05	Texas Bar Foundation Po Box 12487 Capitol Station Austin, Tx 78711	$200.00

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
1/19/05	Communities In Schools 3000 S IH 35, Ste 200 Austin, Tx 78704	$65.00

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

-- 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 ($)
3/3/05	Bistrolli's 1104 San Antonio St. Austin, TX 78701	$12.61

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

-- 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 ($)
2/14/05	SBC Houston, Tx.	$43.36

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

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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 ($)
2/14/05	Hog Island 1612 Lavaca Austin, Tx 78701	$170.00

8 Purpose of payment (See instructions regarding type of information required.): staff lunch | Judge meetings (Total Bill over 3 months)

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 ($)
2/23/05	Bistrolli's 1104 San Antonio St. Austin, Tx 78701	$9.00

Purpose of payment (See instructions regarding type of information required.): Judge - meeting lunch.

-- 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 ($)
2/25/05	Melissa Moreno P.O. Box 1748 Austin, Tx 78767	$200.00

Purpose of payment (See instructions regarding type of information required.): Retirement Reception - Tony Casarez 35 year Clerk (117)

-- 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 ($)
3/23/05	SBC Houston, Texas	$48.64

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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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 ($)
3/31/05	Shoreline Grill San Jacinto & Cesar Chavez Austin, Texas	$149.44

8 Purpose of payment (See instructions regarding type of information required.): Tab: Tip King Retirement Lunch. STAFF - DAs

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 ($)
3/31/05	Tony Casarez P.O. Box 1748 Austin, TX 78767	$21.99

Purpose of payment (See instructions regarding type of information required.): Cake - King / Retirement

-- 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 ($)
4/2/05	Ms. B's Mesa & Spicewood Sgs Austin, TX	$194.50

Purpose of payment (See instructions regarding type of information required.): Staff New Court Reporter Dinner / meeting w/ STAFF - Transfer

-- 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 ($)
4/11/05	Bistrollis 1104 San Antonio St. Austin, TX 78701	$12.56

Purpose of payment (See instructions regarding type of information required.): Staff lunch. Monday Docket.

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

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POLITICAL EXPENDITURES

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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 ($)
4/12/05	Save The Children 54 Wilton Rd. Westport, CT 06880	$100.00

8 Purpose of payment (See instructions regarding type of information required.): Earthquake / Tsunami Relief Fund.

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 ($)
4/13/05	SBC Houston, Texas	$44.53

Purpose of payment (See instructions regarding type of information required.): 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 ($)
4/14/05	KUT 1 University Station A0704 Austin, TX 78712	$80.00

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

-- 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 ($)
4/18/05	Bistrollis 1104 San Antonio St. Austin, Tx 78701	$12.00

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

-- 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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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 ($)
	ACDLA Austin Criminal Defense Lawyers Ass'n Austin, TX	$7.00

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

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 ($)
4/21/05	Judge Bob Perkins P.O. Box 1748 Austin, Tx 78767.	$12.50

Purpose of payment (See instructions regarding type of information required.): Judge's Dinner.

-- 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 ($)
4/27/05	Margaret Gomez P.O. Box 1748 Austin, Tx 78767	$25.00

Purpose of payment (See instructions regarding type of information required.): Cinco de Mayo Donation

-- 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 ($)
4/29/05	Mr. Gattis Pizza 5912 Balcones Dr. #200 Austin TX 78731	$46.53

Purpose of payment (See instructions regarding type of information required.): AISD mentor project 3rd Grade Class.

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

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SCHEDULE F

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3 ACCOUNT # (Ethics Commission filers): 00041923

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
4/29/05	Melissa Moreno P.O. Box 1748 Austin, Tx 78767	$19.98

8 Purpose of payment (See instructions regarding type of information required.): 3rd Grade Class - Lunch - coat visit

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 ($)
5/3/05	Shoreline Grill San Jacinto & Cesar Chavez Austin, TX 78701	$85.10

Purpose of payment (See instructions regarding type of information required.): Probation - legislation Legislative Update - Dinner meeting w lobbyist 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 ($)
5/10/05	SBC Houston, Texas	$44.54

Purpose of payment (See instructions regarding type of information required.): 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 ($)
5/12/05	Wolf Camera 607 Congress Ave Austin TX 78701	$23.86

Purpose of payment (See instructions regarding type of information required.): mentor-class photos.

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

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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 ($)
6/28/05	Bistrollis 1104 San Antonio St. Austin, Tx 78701	$10.00

8 Purpose of payment (See instructions regarding type of information required.): lunch- meeting Judges

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 ($)
5/20/05	Tanya Arneke P.O. Box 1748 Austin, Tx 78767	$8.00

Purpose of payment (See instructions regarding type of information required.): Flowers · Debra Hale Operation

-- 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 ($)
5/25/05	Sam Biscoe Special Projects P.O. Box 1748 Austin, Tx 78767	$25.00

Purpose of payment (See instructions regarding type of information required.): Juneteenth 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 ($)
6/9/05	Austin American Stateman / NIE Austin, Texas	$250.00

Purpose of payment (See instructions regarding type of information required.): Education Program - Pecan Springs (Literacy in Action)

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

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4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
1/5/05	Melissa Moreno P.O. Box 1748 Austin, Tx 78767	$38.00

8 Purpose of payment (See instructions regarding type of information required.): Jury / Staff supplies (coffee etc for Juries)

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 ($)
1/7/05	Bistrollis 1104 San Antonio St. Austin, Tx 78701	$13.40

Purpose of payment (See instructions regarding type of information required.): staff lunch (Trial day)

-- 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 ($)
1/10/03	SBC Houston, Tx	$43.36

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 ($)
1/13/05	Bistrolli's 1104 San Antonio St. Austin, Tx 78701	$13.00

Purpose of payment (See instructions regarding type of information required.): Lunch meeting - Jury Trial

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

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Printed on recycled paper

Revised 11/21/2003

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POLITICAL EXPENDITURES

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3 ACCOUNT # (Ethics Commission filers): 00041923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
6/13/05	Postmaster Austin, Texas	$37.00

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

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 ($)
6/14/05	SBC Houston, Texas	$44.25

Purpose of payment (See instructions regarding type of information required.): 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 ($)
6/23/05	Bistrollis 1104 San Antonio St. Austin, Tx 78701	$10.00

Purpose of payment (See instructions regarding type of information required.): Lunch- Joni Court Reporting Trial

-- 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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