

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6020

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

00041923

2 Total pages filed:

2005 JUN 14 PM 2:51
CLERK
COUNTY TEXAS
RECORD

3 CANDIDATE / OFFICEHOLDER NAME

MS: MRS / MR FIRST MI
Judge Michael F.
NICKNAME LAST SUFFIX
mike Lynch

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
P.O. Box. 1748
Austin, Tx 78767

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-9310

6 CAMPAIGN TREASURER NAME

MS: MRS / MR FIRST MI
Mr. Thomas D.
NICKNAME LAST SUFFIX
Fritz

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach JC/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR
1 / 1 / 05 THROUGH 6 / 30 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

Judge 167th District Court

13 OFFICE SOUGHT (if known)

Same

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

additional pages

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.
COMMITTEE TYPE: [] GENERAL, [X] 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

Table with 6 rows and 3 columns: Category (e.g., CONTRIBUTION TOTALS, EXPENDITURE TOTALS), Description, Amount. Row 4 shows \$2,119.65 and Row 5 shows \$13,134.54.

19 AFFIDAVIT
All expenditures made through Friends of Mike Lynch. See this report & committee report herein adopted.
I swear or affirm, under penalty of perjury, that the accompanying report is true and correct...
Notary Public Seal: MELISSA ANN MORENO, Notary Public, State of Texas, My Commission Expires NOVEMBER 14, 2007.
Signature of Candidate or Officeholder: Michael F. Lynch

Sworn to and subscribed before me, by the said Michael F. Lynch this the 13 day of July, 2005, to certify which, witness my hand and seal of office.
Signature of officer administering oath: Melissa Ann Moreno
Print name of officer administering oath: melissa Ann Moreno
Title of officer administering oath: Judicial Aide



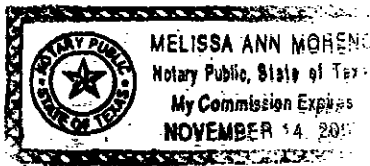
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

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 Michael F. Lynch	Account # 00041923
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- 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 Office holder Finance Report report due on 7/15/05. 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 13 day of July

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

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

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 **N/A.** 3 ACCOUNT # (Ethics Commission filers)

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
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Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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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)
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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 Uses)	
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)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J).
2 FILER NAME <div style="font-size: 2em; text-align: center; margin-top: 10px;">N/A</div>		3 ACCOUNT # (Ethics Commission files)
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:
2. FILER NAME Michael F. Lynch.		3 ACCOUNT # (Ethics Commission filers) 00041923
4 Date 1/5/05	5 Payee name Melissa Moreno 6 Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767	7 Amount (\$) \$38.00
8 Purpose of payment (See instructions regarding type of information required.) Jury / staff supplies (coffee etc for JURIES)		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 1/7/05	Payee name Bistrollis Payee address: City: State: Zip Code 1104 San Antonio St. Austin, TX 78701	Amount (\$) \$13.40
Purpose of payment (See instructions regarding type of information required.) staff lunch (trial day)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 1/10/03	Payee name SBC Payee address: City: State: Zip Code Houston, TX	Amount (\$) \$43.36
Purpose of payment (See instructions regarding type of information required.) Office telephone monthly bill		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 1/13/05	Payee name Bistrolli's Payee address: City: State: Zip Code 1104 San Antonio St. Austin, TX 78701	Amount (\$) \$13.00
Purpose of payment (See instructions regarding type of information required.) Lunch meeting - Jury Trial		<small>** Complete if direct expenditure to benefit C/OH **</small> 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 Michael F. Lynch.		3 ACCOUNT # (Ethics Commission filers) 00041923
4 Date 1/19/05	5 Payee name Texas Bar Foundation 6 Payee address: City: State: Zip Code PO Box 12487 Capitol Station Austin, TX 78711	7 Amount (\$) \$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 1/19/05	Payee name Communities In Schools Payee address: City: State: Zip Code 3000 S IH 35, Ste 200 Austin, TX 78704	Amount (\$) \$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 3/3/05	Payee name Bistrolli's Payee address: City: State: Zip Code 1104 San Antonio St. Austin, TX 78701	Amount (\$) \$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 2/14/05	Payee name SBC Payee address: City: State: Zip Code Houston, Tx.	Amount (\$) \$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		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Michael F. Lynch.

3 ACCOUNT # (Ethics Commission filers)

00041923

4 Date

5 Payee name

2/14/05

Hog Island

7 Amount (\$)

\$170.⁰⁰

6 Payee address: City: State: Zip Code

1612 Lavaca
Austin, TX 78701

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

Staff lunch / Judge meetings
(TOTAL Bill over 3 months)

Date

Payee name

2/23/05

Bistrolli's

Amount (\$)

\$9.⁰⁰

Payee address: City: State: Zip Code

1104 San Antonio St.
Austin, TX 78701

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

Judge - meeting lunch.

Date

Payee name

2/25/05

Melissa Moreno

Amount (\$)

\$200.⁰⁰

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 / Officeholder name Office sought Office held

Retirement Reception - Tony
35 year clerk (C/O) Casarez

Date

Payee name

3/23/05

SBC

Amount (\$)

\$48.⁶⁴

Payee address: City: State: Zip Code

Houston, Texas

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

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

Office phone bill

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

4 Date 3/31/05	5 Payee name Shoreline Grill	7 Amount (\$) \$149.44
6 Payee address: City: State: Zip Code SAN JACINTO + CESAR CHAVEZ AUSTIN, TEXAS		

8 Purpose of payment (See instructions regarding type of information required.) Tab: Tip King Retirement STAFF - DAS Lunch.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/31/05	Payee name Tony Casarez	Amount (\$) \$21.99
Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767		

Purpose of payment (See instructions regarding type of information required.) Cake - King/Retirement	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 4/2/05	Payee name Ms. B's	Amount (\$) \$194.00
Payee address: City: State: Zip Code Mesa + Spicewood Sq Austin, TX		

Purpose of payment (See instructions regarding type of information required.) Staff. New Court Reporter Dinner / meeting STAFF - Transfer	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/11/05	Payee name Bistrollis	Amount (\$) \$12.56
Payee address: City: State: Zip Code 1104 San Antonio St. Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) staff lunch. Monday Docket.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 Michael F. Lynch.		3 ACCOUNT # (Ethics Commission filers) 00041923
4 Date 4/12/05	5 Payee name Save The Children 6 Payee address: City: State: Zip Code 54 Wilton Rd. Westport, CT 06880	7 Amount (\$) \$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 4/13/05	Payee name SBC Payee address: City: State: Zip Code Houston, Texas	Amount (\$) \$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 4/14/05	Payee name KUT Payee address: City: State: Zip Code 1 UNIVERSITY STATION A0704 Austin, TX 78712	Amount (\$) \$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 4/18/05	Payee name Bistrollis Payee address: City: State: Zip Code 1104 San Antonio St. Austin, Tx 78701	Amount (\$) \$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
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 Michael F. Lynch.		3 ACCOUNT # (Ethics Commission filers) 00041923
4 Date	5 Payee name ACDLA	7 Amount (\$)
	6 Payee address: City: State: Zip Code 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 Judge Bob Perkins	Amount (\$)
4/21/05	Payee address: City: State: Zip Code 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 Margaret Gomez	Amount (\$)
4/27/05	Payee address: City: State: Zip Code 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 Mr. Gattis Pizza	Amount (\$)
4/29/05	Payee address: City: State: Zip Code 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
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 **Michael F. Lynch.** 3 ACCOUNT # (Ethics Commission filers)
00041923

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

8 Purpose of payment (See instructions regarding type of information required.) 3rd Grade Class - Lunch visit	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/3/05	Payee name Shoreline Grill	Amount (\$) \$85.10
Payee address: City: State: Zip Code San Jacinto & Cesar Chavez Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) Probation - legislation Legislative Update - Dinner meeting w lobbyist etc	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/10/05	Payee name SBC	Amount (\$) \$44.54
Payee address: City: State: Zip Code Houston, Texas		

Purpose of payment (See instructions regarding type of information required.) Phone bill	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/12/05	Payee name Wolf Camera	Amount (\$) \$23.86
Payee address: City: State: Zip Code 607 Congress Ave Austin TX 78701		

Purpose of payment (See instructions regarding type of information required.) mentor-class photos.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 Michael F. Lynch.		3 ACCOUNT # (Ethics Commission filers) 00041923
4 Date 6/28/05	5 Payee name Bistrollis 6 Payee address: City: State: Zip Code 1104 San Antonio St. Austin, Tx 78701	7 Amount (\$) \$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 5/20/05	Payee name Tanya Arneke Payee address: City: State: Zip Code P.O. Box 1748 Austin, Tx 78767	Amount (\$) \$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 5/25/05	Payee name Sam Biscoe Special Projects Payee address: City: State: Zip Code P.O. Box 1748 Austin, Tx 78767	Amount (\$) \$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 6/9/05	Payee name Austin American Statesman / NIE Payee address: City: State: Zip Code Austin, Texas	Amount (\$) \$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
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 **Michael F. Lynch**

3 ACCOUNT # (Ethics Commission files)
00041923

4 Date
6/13/05

5 Payee name
Postmaster
6 Payee address: City: State: Zip Code
Austin, Texas

7 Amount (\$)
\$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
6/14/05

Payee name
SBC
Payee address: City: State: Zip Code
Houston, Texas

Amount (\$)
\$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
6/23/05

Payee name
Bistolli's
Payee address: City: State: Zip Code
**1104 San Antonio St.
Austin, TX 78701**

Amount (\$)
\$10.00

Purpose of payment (See instructions regarding type of information required.)
Lunch - Joni ^{Court Reporter} 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

2 FILER NAME

NIA

3 ACCOUNT # (Ethics Commission filers)

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
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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>		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.

1 Total pages this Schedule I: _____

2 FILER NAME

N/A

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)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K.

2 FILER NAME

NIA

3 ACCOUNT # (Ethics Commission Use)

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	

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

NIA

3 ACCOUNT # (Ethics Commission files)

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

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this Schedule M:

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission files)

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