Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6085

FORM JC/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers): 000419.23

2 Total pages filed:

OFFICE USE ONLY

Date Received: FILED FOR RECORD 2006 JAN 12 PM 3:31 DIVOIR COUNTY CLERK TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked:

Receipt #: Amount:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Judge; FIRST: Michael; MI: F.; NICKNAME: Mike; LAST: Lynch; SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: P.O. Box 1748; APT / SUITE #: ; CITY: Austin, Tx 78767; STATE: ; ZIP CODE:
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512); PHONE NUMBER: 854-9310; EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. ; FIRST: Thomas; MI: D.; NICKNAME: ; LAST: Fritz; SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 98 San Jacinto Blvd., Suite 2000; APT / SUITE #: ; CITY: Austin, Tx 78701; STATE: ; ZIP CODE:
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512); PHONE NUMBER: 476-2020; EXTENSION:

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 C/OH - FR)

10 PERIOD COVERED: Month 7 / Day 1 / Year 05 THROUGH Month 12 / Day 31 / Year 05

11 ELECTION: ELECTION DATE Month / Day / Year ; ELECTION TYPE ☐ 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 filers): CC041923

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE
- [ ] GENERAL
- [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

[ ] 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**	$ 1540.36
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 11534.68
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 through Friends of Mike Lynch. See this report committee report which is herein incorporated.

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael F. Lynch
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL

NOTARY PUBLIC STATE OF TEXAS
MELISSA ANN MORENO
Notary Public, State of Texas
My Commission Expires
NOVEMBER 14, 2007

Sworn to and subscribed before me, by the said Michael F. Lynch, this the 11th day of January 20 06, 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
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AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Filer name	Account #
Michael F. Lynch	00041923

1. 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.

2. 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.

3. 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.

4. 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.

5. I am filing this affidavit with the Judicial Officeholder Finance report due on Jan 15 06. 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.

MELISSA ANN MORENO
Notary Public, State of Texas
My Commission Expires
NOVEMBER 14, 2007

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael F. Lynch this the 9th day of January 2006, 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.

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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 ☐ 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 ☐ 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 ☐ 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.

PLEDGED 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 filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) 7 Pledgor address: City: State: Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

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 ☐ out-of-state PAC (ID#:) Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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 ☐ out-of-state PAC (ID#:) Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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 filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#: _____)

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

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

☐ 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	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/7/05	Melissa Morenc PO Box 1748 Austin TX 78767	50.00

8 Purpose of payment (See instructions regarding type of information required.): Supplies / grocery items for STAFF - lunch etc - July works

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 ($)
7/20/05	SBC Houston, TX	43.09

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 ($)
7/20/05	J & M Engravers 6315 Manchaca Rd. Austin, TX 78745	59.00

Purpose of payment (See instructions regarding type of information required.): S. Hernandez, baillff - retirement plaque

** 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 ($)
7/26/05	Austin AFL-CIO PO Box 87 Austin, TX 78767	115.00

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

** 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 / 6 Payee address: City: State: Zip Code	7 Amount ($)
8/22/05	Bistrollis 11th & San Antonio Austin, TX 78701	28 36

8 Purpose of payment (See instructions regarding type of information required.): lunch - Judge/staff - Trial day - short recess

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 ($)
8/16/05	SBC Houston, TX	43 09

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:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
8/24/05	AYLA 816 Congress Austin, TX 78701	37 50

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 ($)
8/30/05	Communities in Schools 3000 IH 35 Austin, TX 78704	150 00

Purpose of payment (See instructions regarding type of information required.): 2 Tickets to fundraiser

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

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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:

2 FILER NAME: Michael F. Lynch

3 ACCOUNT # (Ethics Commission filers): CCC41923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
8/30/05	AYLA Foundation (Same As above)	66.00

8 Purpose of payment (See instructions regarding type of information required.): Bar + Grill Tickets

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 ($)
9/6/05	Red Cross (made thru Austin Bar) 816 Congress Austin, TX 78701	250.00

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

** 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 ($)
9/8/05	Bistrollic (Same as above)	72.30

Purpose of payment (See instructions regarding type of information required.): Judges Luncheon - probation evaluation (Fabello)

** 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 ($)
9/20/05	SBC Houston, TX	43.09

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

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

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Revised 01/2005

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

2 FILER NAME: Michael F Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10/11/05	DSACT 3710 Cedar Box 3 Austin, TX 78705	20.00

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

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 ($)
10/11/05	SBC Houston TX	43.52

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/11/05	Hog Island Deli 1700 Lavaca Austin TX 78701	72.17

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

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 ($)
11/17/05	Bistrollis (Same as above)	9.20

Purpose of payment (See instructions regarding type of information required.): Judge's Meeting - 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 / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/17/05	SBC Houston, TX	43.52

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

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 ($)
12/20/05	SBC Houston, TX	43.52

Purpose of payment (See instructions regarding type of information required.): Phone bill - 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 ($)
12/20/05	Long Island Deli (Same as above)	49.00

Purpose of payment (See instructions regarding type of information required.): TBC Day - Lunch STAFF (during 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 ($)
12/20/05	Reading is Fundamental PO Box 15989 Austin, TX 78761	100.00

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

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 / 6 Payee address: City: State: Zip Code	7 Amount ($)
1/5/06	Meals on Wheels 3227 E. 5th Austin, TX 78702	48.00

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 ($)
12/20/05	Caritas Austin, TX	35.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
12/21/05	Vincent Wade PO Box 1748 Austin, TX 78767	130.00

Purpose of payment (See instructions regarding type of information required.): Caterer - Xmas staff lunch with 390th + 147th

** 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

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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 N/A

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code 7 Purpose of expenditure	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 N/A

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address: City: State: Zip Code	7 Amount ($)

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 Business 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	Business name Business 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:	Business name Business 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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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 6 Payee address: City: State: Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K

2 FILER NAME N/A

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address: City: State: Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 N/A

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

☐ not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

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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 U/A

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder. ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder