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

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6104

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: 8

3 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

☐ Change of Address

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

5 CAMPAIGN TREASURER NAME

MS / MRS: 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: (512) | PHONE NUMBER: 476-2020 | EXTENSION:

9 REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] Dissolution (attach JSPAC-DR)
- [ ] 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 07 / 01 / 05 THROUGH Month Day Year: 12 / 31 / 05

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

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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)

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: 167 TH JUDICIAL DISTRICT COURT TRAVIS COUNTY TEXAS

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): MICHAEL F. LYNCH

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**	$ 400.52
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 11,534.68
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

SUSAN K. LARSON
Notary Public, State of Texas
My Commission Expires
MARCH 15, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 16th day of January, 20 06, 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
Susan K. Larson	Susan K. Larson	Notary Public State of Texas

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

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 Moreno 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 weeks

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	STBC Houston, TX	43.02

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	Jim Engravers 6315 Manchaca Rd. Austin, TX 78745	59.00

Purpose of payment (See instructions regarding type of information required.): S. Hernandez, battle - 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 ($)
7/20/05	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

Printed on recycled paper

Revised 11/21/2003

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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 S 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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POLITICAL EXPENDITURES

SCHEDULE F

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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)	60.00

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	Bistrollis (Same as above)	72.30

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

-- 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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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Michael F. Lynch.

3 ACCOUNT # (Ethics Commission files): 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 Bk. Lunch meeting

-- 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.): Judges meeting - 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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1 Total pages Schedule F:

2 FILER NAME: Michael F. Lynch

3 ACCOUNT # (Ethics Commission files): 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	Hog 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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F.

2 FILER NAME: Michael F. Lynch

3 ACCOUNT # (Ethics Commission filer): 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.): Catered - 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:

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