

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6307

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

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
Judge Michael F.		Mike Lynch		Date Received	7/12/06
P.O. Box 1748		Austin, Tx 78767		Date Hand-delivered	7/11/06
Change of Address <input type="checkbox"/>				Receipt #	Amount:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	
	(512)	854-9310		Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST	MI	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 98 San Jacinto Blvd., Suite 2000 Austin, TX 78701	
	NICKNAME	LAST	SUFFIX		
	Mr. Thomas	Tom Fritz	D.		
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	476-2020			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	9 REPORT TYPE <input 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 only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach CrOH - FR)				
8 CAMPAIGN TREASURER PHONE	10 PERIOD COVERED Month Day Year THROUGH Month Day Year 01/01/06 06/30/06				
9 REPORT TYPE	11 ELECTION ELECTION DATE: Month Day Year ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special				
10 PERIOD COVERED	12 OFFICE		13 OFFICE Sought (if known)		
	OFFICE HELD (if any) Judge-167 District Court		Same		
11 ELECTION	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: P.O. Box, Apt. / Suite #, City, State, Zip Code _____ <input type="checkbox"/> 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 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. ...

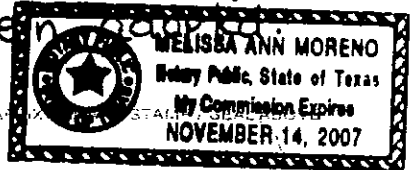
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	Friends of Mike Lynch
	COMMITTEE ADDRESS	98 San Jacinto Blvd., Suite 2000 Austin, TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Thomas D. Fritz
	COMMITTEE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

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	\$ 2,139.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,325.54
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 attached.

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



Sworn to and subscribed before me, by the said **Michael F. Lynch** this the **11th** day of **July**, 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



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 # 100041923
---------------------------------------	-------------------------------

- 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 Judicial Officeholder Finance report due on July 17, 2006. 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 11 day of July, 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.

**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 Form)

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 file #)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor 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 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 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

N/A

3 ACCOUNT # (Ethics Commission file #)

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
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14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (if any)
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16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral
 none

18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor	21 Amount Guaranteed (\$)
	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

Michael F. Lynch

3 ACCOUNT # (Ethics Commission files)

00041923

4 Date

1/3/06

5 Payee name

Texas Bar Foundation

7 Amount (\$)

\$300.⁰⁰

6 Payee address: City, State, Zip Code

P.O. Box 12487, Capitol Station.
Austin, TX 78711-2487

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

2006 Contributions.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

1/4/06

Payee name

Bistrolli's

Amount (\$)

\$ 38.12

Payee address: City, State, Zip Code

11th & San Antonio
Austin, TX 78701

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

Staff Sandwiches
Monday - Trial Day

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

1/19/06

Payee name

SBC

Amount (\$)

\$ 44.94

Payee address: City, State, Zip Code

Houston, TX

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

1/23/06

Payee name

Travis County Democratic Party

Amount (\$)

\$ 900.⁰⁰

Payee address: City, State, Zip Code

706 W MIK
Austin, TX 78701

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

Kickoff Dinner - Table

-- 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 Instructions Guide explains how to complete this form.		1 Total pages Schedule F: _____
2 FILER NAME Michael F. Lynch		3 ACCOUNT # (Ethics Commission Use) 00041923
4 Date 1/20/06	5 Payee name Bistrolli's	7 Amount (\$) \$ 11.00
6 Payee address, City, State, Zip Code 11th & San Antonio Austin, TX 78701		
8 Purpose of payment (See instructions regarding type of information required) Judges Lunch Meeting		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
Date 1/30/06	Payee name Diana's Flower Shop	Amount (\$) \$ 135.31
Payee address, City, State, Zip Code 2614 E. 7th St. Austin, TX 78702		
Purpose of payment (See instructions regarding type of information required) Judge Blackwell Wreath		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
Date 1/30/06	Payee name SBC	Amount (\$) \$ 19.76
Payee address, City, State, Zip Code Houston, TX		
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 3/29/06	Payee name VIVO Restaurant	Amount (\$) \$ 34.00
Payee address, City, State, Zip Code 2015 MANOR RD AUSTIN, TX 78702		
Purpose of payment (See instructions regarding type of information required) staff Birthday 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 file) 00041923
4 Date 4/6/06	5 Payee name Jesse Ortiz	7 Amount (\$) \$291.00
6 Payee address City State Zip Code 3000 Locke Lane Austin, TX 78704		
8 Purpose of payment (See instructions regarding type of information required) Office stationary		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/1/06	Payee name Austin Womens Political Caucus	Amount (\$) \$65.00
Payee address City State Zip Code P.O. Box 12383 Austin, TX 78711		
Purpose of payment (See instructions regarding type of information required) Dues / Contributions.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/11/06	Payee name KUT	Amount (\$) \$100.00
Payee address City State Zip Code P.O. Box 7600 Austin, TX 78713-7600		
Purpose of payment (See instructions regarding type of information required) Ad / Donations.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/26/06	Payee name Mike Lynch	Amount (\$) \$23.00
Payee address City State Zip Code P.O. Box 1748 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required) Reimburse - Secretary's Day Gift		-- 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 Filer: 00041923
4 Date 5/11/06	5 Payee name Diana's Flower Shop	7 Amount (\$) \$64.95
6 Payee address City, State, Zip Code 2614 E. 7th St. Austin, TX 78702		
8 Purpose of payment (See instructions regarding type of information required.) Funeral Flowers - 299th Bailiff		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/8/06	Payee name Judge Bob Perkins	Amount (\$) \$19.00
Payee address City, State, Zip Code P.O. Box 1748 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.) Flowers - Auditor Susan Spataro		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/17/06	Payee name Bistrolli's	Amount (\$) \$60.00
Payee address City, State, Zip Code 11th + San Antonio Austin, TX 78701		
Purpose of payment (See instructions regarding type of information required.) Judge's Lunch meeting - Probation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/8/06	Payee name Bistrolli's	Amount (\$) \$8.00
Payee address City, State, Zip Code 11th + San Antonio Austin, TX 78701		
Purpose of payment (See instructions regarding type of information required.) Lunch - Trial Monday		** 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 or Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **Michael F. Lynch** 3 ACCOUNT # (Ethics Commission Filer) **00041923**

4 Date 6/29/06	5 Payee name Mike Lynch	7 Amount (\$) \$25.00
	Payee address, City, State, Zip Code P.O. Box 1748 Austin, TX 78767	

8 Purpose of payment (See instructions regarding type of information required) Reimbursement - Probation Lunch / Parking	9 ** Complete if direct expenditure to benefit C/OH ** 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)	9 ** Complete if direct expenditure to benefit C/OH ** 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)	9 ** Complete if direct expenditure to benefit C/OH ** 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)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officer/holder 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 To all pages this Schedule G

2 FILER NAME

NIA.

3 ACCOUNT # (Ethics Commission file)

4 Date	5 Payee name	8 Amount (\$)
6 Payee address. City. State. Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure		
6 Payee address. City. State. Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure		
6 Payee address. City. State. Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure		
6 Payee address. City. State. Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure		
6 Payee address. City. State. Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

1 Total pages Schedule H

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission files)

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 in Schedule I

2 FILER NAME

N/A.

3 ACCOUNT # (Ethics Commission file#)

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

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 This is page 1 of 5 Schedule K

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission id#s)

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	

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages (the Schedule M)

2 FILER NAME

NIA

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

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 files)

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