

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

6413

|   |   |  |                     |
|---|---|--|---------------------|
| The JC/OH Instruction Guide explains how to complete this form.   |   | 1 ACCOUNT #<br>(Ethics Commission fees)<br><b>00041923</b>   | 2 Total pages filed |
| 3 CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / MR FIRST VI<br><b>Judge Michael F</b><br>NICKNAME LAST SUFFIX<br><b>Mike Lynch</b>   | <b>OFFICE USE ONLY</b><br>Date Received<br>JAN 5 2006<br>Date Hand-delivered or Date Postmarked<br>JAN 5 2006<br>RECEIVED<br>TEXAS<br>3:25<br>2006 |                     |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address              | ADDRESS (PO BOX APT SUITE #) CITY STATE ZIP CODE<br><b>P.O. Box 1748<br/>Austin, TX 78767</b>   |  |                     |
| 5 CANDIDATE / OFFICEHOLDER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br><b>(512) 854-9310</b>   |  |                     |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR FIRST MI<br><b>Mr. Thomas D.</b><br>NICKNAME LAST SUFFIX<br><b>Tom Fritz</b>  |  |                     |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE<br><b>98 San Jacinto Blvd, Suite 2000<br/>Austin TX 78701</b>   |  |                     |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br><b>(512) 476-2020</b>   |  |                     |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment for officeholder only<br><input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (After JC/OH FR) |  |                     |
| 10 PERIOD COVERED   | Month Day Year THROUGH Month Day Year<br><b>7 / 1 / 06 THROUGH 12 / 31 / 06</b>   |  |                     |
| 11 ELECTION   | ELECTION DATE MONTH Day Year ELECTION TYPE<br><input type="checkbox"/> Primar. <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |  |                     |
| 12 OFFICE   | OFFICE HELD (if any)<br><b>Judge - 167th District Ct.</b>   | 13 OFFICE SOUGHT (if known)  |                     |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> With copies | ** 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. **<br>Name<br>Address (PO Box Apt / Suite #) City State Zip Code   |  |                     |

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 JC/OH NAME: Michael F. Lynch / Friends of Mike Lynch 16 ACCOUNT # (Ethics Commission Filer): 00041923

17 NOTICE FROM POLITICAL COMMITTEE(S) \* This notice 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   | COMMITTEE NAME   |
| <input type="checkbox"/> GENERAL<br><input checked="" type="checkbox"/> SPECIFIC | <u>Friends of Mike Lynch</u>                                 |
|  | COMMITTEE ADDRESS  |
|  | <u>98 San Jacinto Blvd., Suite 2000<br/>Austin, TX 78701</u> |
|  | COMMITTEE CAMPAIGN TREASURER NAME                            |
|  | <u>Thomas D. Fritz</u>                                       |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS                         |
|  | <u>Same as above</u>   |

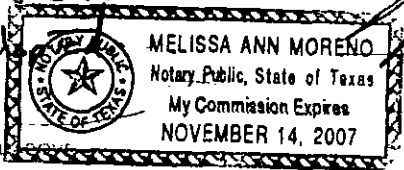
|                         |   |                             |
|-------------------------|---|-----------------------------|
| 18 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$                          |
|                         | 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   | \$ <u>1459<sup>90</sup></u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ <u>7865<sup>64</sup></u> |
| 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 account See this report + committee Report - 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



AFF X NOTARY STAMP - SEAL

Sworn to and subscribed before me, by the said Michael F. Lynch this the 9th day of January, 2007, 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



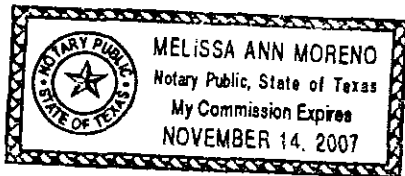
### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

| OFFICE USE ONLY                        |  |
|--|--|
| Date Received                          |  |
| Date Hand-delivered or Date Postmarked |  |
| Date Processed                         |  |
| Date Traced                            |  |

|                                       |                              |
|---------------------------------------|------------------------------|
| Filer name<br><b>Michael F. Lynch</b> | Account #<br><b>00041923</b> |
|---------------------------------------|------------------------------|

- 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 Campaign Finance Report report due on 1/16/07. 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 9 day of January 2007, 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<br><br><b>NIA.</b>                              |  | 3 ACCOUNT # (Ethics Commission files)             |  |
| 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                 |  | (If travel outside of Texas, complete Schedule T) |  |
| 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                   |  | (If travel outside of Texas, complete Schedule T) |  |
| 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 <input type="checkbox"/> out-of-state PAC ID#   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address, City, State, Zip Code                   |  | (If travel outside of Texas, complete Schedule T) |  |
| 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.

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B (J)

|   |                                       |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule B(J)           |
| 2 FILER NAME<br><b>NIA.</b>                               | 3 ACCOUNT # (Ethics Commission Users) |

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                               |                         |                                       |

(If travel outside of Texas, complete Schedule T)

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                               |                       |                                     |

(If travel outside of Texas, complete Schedule T)

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                               |                       |                                     |

(If travel outside of Texas, complete Schedule T)

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<br><br><b>N/A.</b>                                       |  | 3 ACCOUNT # (Texas 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?<br><br>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<br><br><input type="checkbox"/> none     |  |  |  |
| 18 GUARANTOR INFORMATION<br><br><input type="checkbox"/> out of state | 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<br>4   |
| 2 FILER NAME<br>Michael F. Lynch  |  | 3 ACCOUNT # (Ethics Commission filers)<br>00041923  |
| 4 Date<br>7/13/06   | 5 Payee name<br>Hector Garcia - Austin Finest Softball | 7 Amount (\$)<br>\$ 20 <sup>00</sup>  |
| 6 Payee address, City, State, Zip Code<br>TARRANT COUNTY Sheriff's Office<br>PO Box 1748 Austin 78767   |  |   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>donation - Greater East Austin Goals Softball<br>(If travel outside of Texas, complete Schedule T) |  | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held |
| Date<br>7/18/06   | Payee name<br>American Red Cross of Austin             | Amount (\$)<br>\$ 100 <sup>00</sup>   |
| Payee address, City, State, Zip Code<br>2218 Pershing DR.<br>Austin, TX 78723   |  |   |
| Purpose of payment (See instructions regarding type of information required.)<br>Donation in memory of Judge & Mrs Tom Blackwell<br>(If travel outside of Texas, complete Schedule T) |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>7/25/06   | Payee name<br>Austin Bar Foundation                    | Amount (\$)<br>\$ 150 <sup>00</sup>   |
| Payee address, City, State, Zip Code<br>816 Congress<br>Austin, TX 78701  |  |   |
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution - Judge Mack Kidd Fund<br>(If travel outside of Texas, complete Schedule T)             |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>8/15/06   | Payee name<br>Austin AFL-CIO                           | Amount (\$)<br>\$ 115 <sup>00</sup>   |
| Payee address, City, State, Zip Code<br>PO Box 87 (117th & Guadalupe)<br>Austin, TX 78767   |  |   |
| Purpose of payment (See instructions regarding type of information required.)<br>- Labor Day Ad<br>(If travel outside of Texas, complete Schedule T)                                  |  | -- Complete if direct expenditure to benefit C/OH --<br>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  
**4**

2 FILER NAME 3 ACCOUNT # (Ethics Commission files)  
**00041923**

|  |  |   |
|--|--|---|
| 4 Date<br><b>8/23/06</b>   | 5 Payee name<br><b>A.Y.L.A. Foundation</b> | 7 Amount (\$)<br><b>37<sup>50</sup></b> |
| 6 Payee address, City, State, Zip Code<br><b>816 Congress<br/>Austin, TX 78701</b> |  |   |

|   |   |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Bar &amp; Grill Ad.</b><br><small>(if travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|---|---|

|   |   |                                       |
|---|---|---------------------------------------|
| Date<br><b>8/30/06</b>  | Payee name<br><b>South Austin Democrats</b> | Amount (\$)<br><b>25<sup>00</sup></b> |
| Payee address, City, State, Zip Code<br><b>P.O. Box 152592<br/>Austin, TX 78715</b> |   |                                       |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>Contribution - TICKETS Fundraiser</b><br><small>(if travel outside of Texas, complete Schedule T)</small> | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|---|--|

|  |   |  |
|--|---|--|
| Date<br><b>8/30/06</b>   | Payee name<br><b>Communities in Schools</b> | Amount (\$)<br><b>150<sup>00</sup></b> |
| Payee address, City, State, Zip Code<br><b>3000 S I.H. 35 Suite 200<br/>Austin, TX 78704</b> |   |  |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>Fundraiser TICKETS</b><br><small>(if travel outside of Texas, complete Schedule T)</small> | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|--|--|

|  |  |                                       |
|--|--|---------------------------------------|
| Date<br><b>8/30/06</b>   | Payee name<br><b>Hispanic Base Ass'n</b> | Amount (\$)<br><b>40<sup>00</sup></b> |
| Payee address, City, State, Zip Code<br><b>P.O. Box 12692<br/>Austin, TX 78711</b> |  |                                       |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>Lunches TICKETS</b><br><small>(if travel outside of Texas, complete Schedule T)</small> | ** Complete if direct expenditure to benefit C/OH **<br>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<br><b>4</b>   |
| 2 FILER NAME   |  | 3 ACCOUNT # (Ethics Commission Use)<br><b>00041923</b>   |
| 4 Date<br><b>8/30/06</b>   | 5 Payee name<br><b>AYLA Foundation</b>       | 7 Amount (\$)<br><b>\$ 60<sup>00</sup></b>   |
| 6 Payee address: City, State, Zip Code<br><b>816 Congress<br/>Austin, TX 78701</b>   |  |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Bar &amp; Grill Tickets</b><br><small>(If travel outside of Texas, complete Schedule T)</small>                      |  | 9 <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held |
| Date<br><b>8/30/06</b>   | Payee name<br><b>Austin Tejano Democrats</b> | Amount (\$)<br><b>\$ 20<sup>00</sup></b>   |
| Payee address: City, State, Zip Code<br><b>5704 Shoal Creek Blvd.<br/>Austin, TX 78757</b>   |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Barricatas Tribute - Tickets</b><br><small>(If travel outside of Texas, complete Schedule T)</small>                   |  | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>9/26/06</b>   | Payee name<br><b>Bistrollie</b>              | Amount (\$)<br><b>\$ 25<sup>00</sup></b>   |
| Payee address: City, State, Zip Code<br><b>11th + San Antonio<br/>Austin, TX 78701</b>   |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>STAFF Lunch - Trial Day</b><br><small>(If travel outside of Texas, complete Schedule T)</small>                        |  | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>11/9/06</b>   | Payee name<br><b>Judge Julie Kocurek</b>     | Amount (\$)<br><b>\$ 65<sup>00</sup></b>   |
| Payee address: City, State, Zip Code<br><b>PO Box 1748<br/>Austin, TX 78767</b>  |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Judge WISSER Retirement Dinner<br/>with Judges</b><br><small>(If travel outside of Texas, complete Schedule T)</small> |  | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>   |  |  |

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F  
**4**

2 FILER NAME 3 ACCOUNT # (Ethics Commission Form)  
**00041923**

|  |  |   |
|--|--|---|
| 4 Date<br><b>12/6/06</b>   | 5 Payee name<br><b>Wissac Retirement Fund (Steve Brittain)</b> | 7 Amount (\$)<br><b>\$ 500<sup>00</sup></b> |
| 6 Payee address: City: State: Zip Code<br><b>1100 West Ave.<br/>Austin, TX 78701</b> |  |   |

|   |   |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Criminal Bar Retirement Affair<br/>for Jon Wissac</b><br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|---|---|

|   |  |   |
|---|--|---|
| Date<br><b>12/21/06</b>   | Payee name<br><b>Judge Jan Breland</b> | Amount (\$)<br><b>\$ 100<sup>00</sup></b> |
| Payee address: City: State: Zip Code<br><b>P.O. Box 1748<br/>Austin, TX 78767</b> |  |   |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.)<br><b>Christmas Contribution - Adopted Family</b><br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|---|---|

|   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| Date<br><b>12/30/06</b>   | Payee name<br><b>Wells Fargo Bank</b> | Amount (\$)<br><b>52<sup>40</sup></b> |
| Payee address: City: State: Zip Code<br><b>P.O. Box 2019<br/>Austin, TX 78768</b> |                                       |                                       |

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br><b>Aggregate Bank Fees for Period</b><br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder 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.)<br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|---|---|

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission Form)

| 4 Date | 5 Payee name<br><br>6 Payee address; City, State, Zip Code   | 8 Amount (\$)   |
|--------|--|---|
|        | 7 Purpose of expenditure<br><br>(If travel outside of Texas, complete Schedule T)  | <input type="checkbox"/> Reimbursement from political contributions intended                    |
| Date   | Payee name<br><br>Payee address City, State, Zip Code<br><br>Purpose of expenditure<br><br>(If travel outside of Texas, complete Schedule T) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name<br><br>Payee address City, State, Zip Code<br><br>Purpose of expenditure<br><br>(If travel outside of Texas, complete Schedule T) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name<br><br>Payee address City, State, Zip Code<br><br>Purpose of expenditure<br><br>(If travel outside of Texas, complete Schedule T) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name<br><br>Payee address City, State, Zip Code<br><br>Purpose of expenditure<br><br>(If travel outside of Texas, complete Schedule T) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |

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 Schedule :

2 FILER NAME

NIA

3 ACCOUNT # (Ethics Commission #):

4 Date

5 Payee name

8

Amount  
(S)

6 Payee address: City, State, Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(S)

Payee address: City, State, Zip Code

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

Date

Payee name

Amount  
(S)

Payee address: City, State, Zip Code

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

Date

Payee name

Amount  
(S)

Payee address: City, State, Zip Code

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

Date

Payee name

Amount  
(S)

Payee address: City, State, Zip Code

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

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# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

N/A

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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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

|   |  |                                       |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule T.             |
| 2 FILER NAME<br><div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>   |  | 3 ACCOUNT # (Ethics Commission Filer) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T |  |                                       |
| 6 Dates of travel   | 7 Name of person(s) traveling  |                                       |
|   | 8 Departure city or name of departure location                               |                                       |
|   | 9 Destination city or name of destination location                           |                                       |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |

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**ASSETS VALUED AT \$500 OR MORE**

**SCHEDULE M**

The Instruction Guide explains how to complete this form

1 Total pages Schedule M:

2 FILER NAME

N/A

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:

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# 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 File #)

### 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