

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6892

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

The JC/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00020282	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received: Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST	SUFFIX	

Judge Michael F
Lynch

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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P.O. Box 1748
Austin, Tx 78767

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(512) 854-9310

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

Mr. Thomas D.
Fritz

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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98 San Jacinto Blvd., Suite 2000
Austin, Tx 78701

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(512) 476-2020

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 C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
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01/01/08 6/30/08

11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

11/04/08

12 OFFICE OFFICE HELD (if any) Judge 167 th District Court	13 OFFICE SOUGHT (if known) 167 th District Court
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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

16 ACCOUNT # (Ethics Commission Filers)

00020282

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

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 550.00
x x

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3721.64

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 18,246.90

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

All expenditures & contributions made through Friends of Mike Lynch committee. See attached pages: report of that committee which is on file & herein adopted.

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



MELISSA ANN MORENO
Notary Public
STATE OF TEXAS

Commission Expires 11-14-2011

Sworn to and subscribed before me, by the said Michael F. Lynch, this the 14th day of July, 2008, to certify which, witness my hand and seal of office.

Melissa Ann Moreno

Melissa Ann Moreno

Judicial Aide
Specialist

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

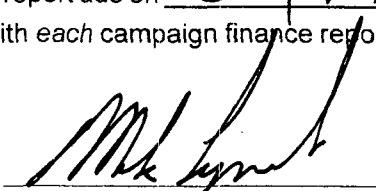
An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

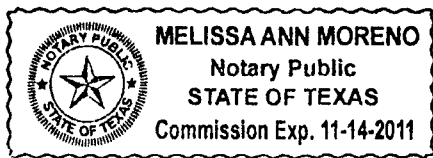
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer name <u>Michael F. Lynch</u>	Account # <u>00020282</u>
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- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign finance report report due on July 15, 2008. 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.



 Signature of Candidate or Officeholder



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael F. Lynch this the 14th day of July, 2008, to certify which, witness my hand and seal of office.

Melissa Ann Moreno _____
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

 Specialist

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

Michael F. Lynch

3 ACCOUNT # (Ethics Commission filers)

00020282

4 Date

2/29/08

5 Full name of contributor out-of-state PAC (ID#: _____)

Ray Espersen

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2222 Mockingbird Lane
Round Rock, TX 78681

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

Raymond Espersen - Self

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

6/2/08

Full name of contributor out-of-state PAC (ID#: _____)

Brian Bernard

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1203 Baylor St.
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Bernard Assoc.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/18/08

Full name of contributor out-of-state PAC (ID#: _____)

Judge Crain Judge Baird
Judge Kennedy Judge Earl

Amount of contribution (\$)

\$56.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 1748
Austin, TX 78767

(If travel outside of Texas, complete Schedule T)

Reimbursement
for Funeral
Flowers - Judge
Denton Father

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

N/A - None

3 ACCOUNT # (Ethics Commission filers)

00020282

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

(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 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 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 NA - None		3 ACCOUNT # (Ethics Commission filers) 00020282
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor	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 filers)
00020282

4 Date: <u>6/16/08</u>	5 Payee name: <u>Texas Monthly</u>	7 Amount (\$): <u>\$20.00</u>
6 Payee address; City; State; Zip Code: <u>701 Brazos St. Austin, Tx 78701</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Subscription</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date: <u>6/18/08</u>	Payee name: <u>Diana's Flower Shop</u>	Amount (\$): <u>\$119.68</u>
Payee address; City; State; Zip Code: <u>2614 E. 7th St. Austin, Tx 78702</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Flowers - Father's Funeral</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date: <u>6/27/08</u>	Payee name: <u>Communities In Schools</u>	Amount (\$): <u>\$150.00</u>
Payee address; City; State; Zip Code: <u>3000 S. IH35 Suite 200 Austin, Tx 78704</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Ties - Fundraiser</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date:	Payee name:	Amount (\$):
Payee address; City; State; Zip Code:		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Michael F. Lynch

3 ACCOUNT # (Ethics Commission filers)

00020282

4 Date

1/2/08

5 Payee name

KUT

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

University of Texas
Austin, TX

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

Pledge

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

11/11/08

Payee name

Travis County Democratic Party

Amount (\$)

\$300.00

Payee address; City; State; Zip Code

1311 E. 6th St
Austin, TX 78704

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

Kick-off Dinner

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

1/22/08

Payee name

Austin Tejano Democrats

Amount (\$)

\$125.00

Payee address; City; State; Zip Code

Austin, Texas

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

Ad-Election - Publication

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

1/25/08

Payee name

Whole Foods

Amount (\$)

\$21.79

Payee address; City; State; Zip Code

601 N. Lamar Blvd.
Austin, TX

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

Staff B-Day

(If travel outside of Texas, complete Schedule T)

** 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)

00020282

4 Date

1/31/08

5 Payee name

Austin Women's Political Caucus
AWPC

7 Amount (\$)

\$65.00

6 Payee address; City; State; Zip Code

P.O. Box 12393
Austin, TX 78711

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

Annual Dues

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/1/08

Payee name

Tony Casarez

Amount (\$)

\$6.14

Payee address; City; State; Zip Code

P.O. Box 1748
Austin, TX 78767

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

Reimburse - Jury coffee

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/18/08

Payee name

Southside Printing

Amount (\$)

\$61.10

Payee address; City; State; Zip Code

1050 - F South Lamar
Austin, TX 78704

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

Thank you Letters

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/28/08

Payee name

Diana's Flower Shop

Amount (\$)

\$70.37

Payee address; City; State; Zip Code

2614 E. Seventh St.
Austin, TX 78702

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

Sal - wife Funeral

(If travel outside of Texas, complete Schedule T)

** 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)

00020282

4 Date:

2/25/08

5 Payee name:

mike Lynch

7 Amount (\$)

\$35.00

6 Payee address; City; State; Zip Code

P.O. Box 1748
Austin, Tx 78767

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

Reimburse - Stamps Thank you Letters.
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/28/08

Payee name

Mental Health America of Texas

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

1210 San Antonio St. Suite 200
Austin, Tx 78701

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

Contribution - Fundraiser Dinner.
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/28/08

Payee name

Melissa Moreno

Amount (\$)

\$400.00

Payee address; City; State; Zip Code

P.O. Box 1748
Austin, Tx 78767

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

work on Fundraiser - Letters, etc.
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/8/08

Payee name

Best Buy

Amount (\$)

\$47.62

Payee address; City; State; Zip Code

4970 W Hwy 290
Austin, Tx

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

Recorder
(If travel outside of Texas, complete Schedule T)

** 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)

00020282

4 Date

4/23/08

5 Payee name

Whole Foods

7 Amount (\$)

\$37.88

6 Payee address; City; State; Zip Code

601 N. Lamar
Austin, TX

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

Staff B-Day

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/21/08

Payee name

Book People

Amount (\$)

\$27.06

Payee address; City; State; Zip Code

603 N. Lamar
Austin, TX 78703

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

1st Amend Book

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

5/15/08

Payee name

Austin Community Fund

Amount (\$)

\$255.00

Payee address; City; State; Zip Code

Austin, Tx

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

Art Auction Gardner Betts

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

6/3/08

Payee name

Joe Sawyer

Amount (\$)

\$30.00

Payee address; City; State; Zip Code

507 W. 10th St.
Austin, TX 78701

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

Reimburse - Lunch w/ Dr. Nagy

(If travel outside of Texas, complete Schedule T)

** 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)
00020282

4 Date: <u>4/2/08</u>	5 Payee name <u>Hog Island Deli</u>	7 Amount (\$) <u>\$90.00</u>
6 Payee address; City; State; Zip Code <u>1612 Lavaca St. Austin, Tx 78701</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Staff-working Lunches.</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>4/2/08</u>	Payee name <u>Travis County Democratic Party</u>	Amount (\$) <u>\$1500.00</u>
Payee address; City; State; Zip Code <u>1311 E. Leth St. Austin, Tx 78704</u>		

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

Date <u>4/3/08</u>	Payee name <u>Margaret Gomez</u>	Amount (\$) <u>\$25.00</u>
Payee address; City; State; Zip Code <u>P.O. Box 1748 Austin, Tx 78767</u>		

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

Date <u>4/3/08</u>	Payee name <u>Sam Biscoe</u>	Amount (\$) <u>\$25.00</u>
Payee address; City; State; Zip Code <u>P.O. Box 1748 Austin, Tx 78767</u>		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

NIA - None

3 ACCOUNT # (Ethics Commission filers)

00020282

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

N/A - None

3 ACCOUNT # (Ethics Commission filers)

00020282

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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 I:

2 FILER NAME

NIA - None

3 ACCOUNT # (Ethics Commission filers)

00020282

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.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	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 Total pages Schedule K:

2 FILER NAME

N/A - None

3 ACCOUNT # (Ethics Commission filers)

00020282

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 Schedule L:

2 FILER NAME

N/A - None

3 ACCOUNT # (Ethics Commission filers)

00020282

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 Schedule M:

2 FILER NAME

N/A - None

3 ACCOUNT # (Ethics Commission filers)

00020282

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

**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 NIA - None 3 ACCOUNT # (Ethics Commission filers)
00020282

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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)
-------------------------	---

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)
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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