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

# JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

7020

**FORM JSPAC COVER SHEET PG 1**

The JSPAC Instruction Guide explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers): 00041923

2 Total pages filed: 7

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 COMMITTEE NAME: FRIENDS OF MIKE LYNCH

4 COMMITTEE ADDRESS ☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

98 SAN JACINTO BLVD,
SUITE 2000
AUSTIN, TX 78701

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: THOMAS MI: D.

NICKNAME LAST: FRITZ SUFFIX

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

SAME AS ABOVE

7 CAMPAIGN TREASURER'S MAILING ADDRESS ☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

SAME AS ABOVE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 476-2020

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year: 07 / 01 / 08 THROUGH Month Day Year: 12 / 31 / 08

11 ELECTION

ELECTION DATE Month Day Year: 11 / / 08

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

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# JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM JSPAC**
**COVER SHEET PG 2**

**12** COMMITTEE NAME: FRIENDS OF MIKE LYNCH

ACCOUNT # (Ethics Commission filers)

**13** COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

- [x] SUPPORT
- [ ] OPPOSE
- [ ] ASSIST (officeholders only)

- [ ] CANDIDATE
- [x] OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME: MICHAEL F. LYNCH

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): 167TH DISTRICT JUDICIAL COURT

| | | | |
|---|---|---|---|
| **14** CONTRIBUTION TOTALS | 1. | TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ -0- |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ -0- |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ -0- |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 1,666.31 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 14,782.51 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ -0- |

**15** AFFIDAVIT

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

Signature of campaign treasurer

SUSAN K. LARSON
Notary Public, State of Texas
My Commission Expires
MARCH 15, 2010

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 14th day of January, 20 09, to certify which, witness my hand and seal of office.

SUSAN K. LARSON
Notary Public, State of Texas
My Commission Expires
MARCH 15, 2010

Susan K. Larson — Susan K. Larson

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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# POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 7/11/08 | Diana's Flower Shop<br>2614 East Seventh St.<br>Austin, Tx 78702 | $94.18. |

8 Purpose of payment (See instructions regarding type of information required.): Funeral - Atty G. Jolink
(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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 8/4/08 | Austin AFL-CIO Council<br>P.O. Box 87<br>Austin, Tx 78767 | $145.00 |

Purpose of payment (See instructions regarding type of information required.): Labor Day Contribution
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 8/4/09 | Leukemia & Lymphoma Society<br>5111 Woodcreek Rd.<br>Austin, Tx 78749 | $50.00 |

Purpose of payment (See instructions regarding type of information required.): Contribution.
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 8/5/08 | Diana's Flower Shop<br>2614 East Seventh St.<br>Austin, Tx 78702 | $72.53. |

Purpose of payment (See instructions regarding type of information required.): Funeral - Flowers - Clerk Cindy's mother
(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

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3 ACCOUNT # (Ethics Commission filers): 00041923

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 8/21/08 | Family Eldercare<br>2210 Hancock Drive<br>Austin, Tx 78756 | $250.00 |

8 Purpose of payment (See instructions regarding type of information required.): Fundraiser - Ducloux Roast.
(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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 9/15/08 | Hog Island<br>1612 Lavaca St.<br>Austin, Tx 78701 | $100.00 |

Purpose of payment (See instructions regarding type of information required.): Lunch - Staff Jury Trials
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 9/24/08 | Texas Access to Justice Foundation<br>P.O. Box 12806<br>Austin, Tx 78711 | $100.00 |

Purpose of payment (See instructions regarding type of information required.): Hurricane Ike Assistance
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/19/08 | Hog Island Deli<br>1612 Lavaca St.<br>Austin, Tx 78701 | $80.00 |

Purpose of payment (See instructions regarding type of information required.): staff lunch - tip.
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 11/19/08 | Diana's Flower Shop<br>2614 E. Seventh Street<br>Austin, Tx 78702 | $67.12 |

8 Purpose of payment (See instructions regarding type of information required.): m.m. - Flowers Funeral
(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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/24/08 | Ronnie Earl Reception Fund<br>P. O. Box 1748<br>Austin, Tx 78767 | $200.00 |

Purpose of payment (See instructions regarding type of information required.): Retirement Reception
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/11/08 | Julie Kourek<br>Austin, Tx | $20.00 |

Purpose of payment (See instructions regarding type of information required.): D. Hale - Xmas Gift
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/18/08 | Sweetish Hill Bakery<br>1120 W. 6th St.<br>Austin, Tx 78701 | $48.71 |

Purpose of payment (See instructions regarding type of information required.): Christmas Luncheon
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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1 Total pages Schedule F: 5

2 FILER NAME: Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers): 00041923

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 12/19/08 | Tony Casarez<br>P.O. Box 1748<br>Austin, Tx 78767 | $86.97 |

8 Purpose of payment (See instructions regarding type of information required.): Christmas Staff Luncheon
(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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/21/08 | Whole Foods<br>525 North Lamar Blvd.<br>Austin, Tx 78703 | $151.80 |

Purpose of payment (See instructions regarding type of information required.): Christmas Gifts / Staff, Janitorial, Maintenance help
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/23/08 | Communities In Schools<br>3000 S. IH35, Suite 200<br>Austin, Tx 78704 | $50.00 |

Purpose of payment (See instructions regarding type of information required.): Donation
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/28/08 | Capital Area Food Bank - Austin<br>8201 S. Congress Ave.<br>Austin, Tx 78745 | $100.00 |

Purpose of payment (See instructions regarding type of information required.): Donation.
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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2 FILER NAME Friends of Mike Lynch

3 ACCOUNT # (Ethics Commission filers) 00041923

| 4 Date | 5 Payee name | 7 Amount ($) |
|---|---|---|
| 12/23/08 | Mobile Loaves & Fishes<br>6 Payee address; City; State; Zip Code<br>903 S. Capital of Texas Highway<br>Austin, TX 78746 | $50.00 |

8 Purpose of payment (See instructions regarding type of information required.)
Downtown Alliance Austin Donation
(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 | Payee name<br>Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

| Date | Payee name<br>Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

| Date | Payee name<br>Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

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