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

7201

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: 6

OFFICE USE ONLY

Date Received

FILED FOR RECORD '10 JAN 3 PM 3:18 DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS

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: 98 SAN JACINTO BLVD. APT / SUITE #: SUITE 2000 CITY: AUSTIN STATE: TEXAS ZIP CODE: 7870

5 CAMPAIGN TREASURER NAME

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

NICKNAME: "TOM" LAST: FRITZ SUFFIX:

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

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

7 CAMPAIGN TREASURER'S MAILING ADDRESS — Change of Address ☐

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 476-2020 EXTENSION:

9 REPORT TYPE

☒ 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: 07/01/09 THROUGH Month Day Year: 12/31/09

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

GO TO PAGE 2

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE NAME

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: JUDGE MIKE LYNCH

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): 167TH JUDICIAL COURT TRAVIS COUNTY, TEXAS

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**	$ 1,350.71
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 12,215.36
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ — 0 —

15 AFFIDAVIT

SARAH N. KUNZE
Notary Public, State of Texas
My Commission Expires
JULY 8, 2012

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas D. Fritz, this the 12th day of January, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Sarah N. Kunze	Sarah N. Kunze	Notary Public

Revised 09/01/2007

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

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 ($)
7/10/09	Hollands Austin, Tx 78701	$12.67

8 Purpose of payment (See instructions regarding type of information required.): Photos - For Courthouse display
(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 ($)
8/10/09	Diana's Flower Shop 2614 E. 7th St. Austin, Tx 78702	$83.35

Purpose of payment (See instructions regarding type of information required.): Judge Aguilar Funeral Flowers.
(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 ($)
8/19/09	Bob Perkins P.O. Box 1748 Austin, Tx 78767	$14.00

Purpose of payment (See instructions regarding type of information required.): Debra Hale - chief Admin. Birthday Flowers.
(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 ($)
9/10/09	Bob Perkins P.O. Box 1748 Austin, Tx 78767	$15.00

Purpose of payment (See instructions regarding type of information required.): Flowers Judge Thurman - 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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 4

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 ($)
9/14/09	Food For Thought Austin, TX	$150.00

8 Purpose of payment (See instructions regarding type of information required.): 2 Tickets - Community in Schools - Fundraiser
(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 ($)
9/28/09	Karen Ford Campaign	$100.00

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 ($)
9/30/09	St. Luke Church 1162 Hargrave Street Austin, TX 78702	$100.00

Purpose of payment (See instructions regarding type of information required.): Building Fund 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 ($)
12/1/09	Jack Jenkins Debate Op. Fund. P.O. Box 5159 Austin, TX 78763	$200.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

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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 ($)
12/1/09	Meals on Wheels & More 3227 E 5th St. Austin, TX 78702	$75.00

8 Purpose of payment (See instructions regarding type of information required.): Contribution
(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 ($)
12/1/09	Mobile Loaves & Fish Austin, TX	$75.00

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 ($)
12/1/09	CASA of Travis County 6330 Hwy 290 E., Ste. 350 Austin, TX 78723	$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 ($)
12/18/09	Poke E. Joes Barbeque Austin, TX 787	$237.88

Purpose of payment (See instructions regarding type of information required.): Staff 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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POLITICAL EXPENDITURES

SCHEDULE F

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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 ($)
12/18/09	Sweetish Hill Bakery Austin, Tx	$48.71

8 Purpose of payment (See instructions regarding type of information required.): Staff Luncheon - xmas

(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 ($)
12/16/09	Antonio (Tony) Casarez P.O. Box 1748 Austin, Tx 78767	$20.76

Purpose of payment (See instructions regarding type of information required.): coffee for office - Jury

(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 ($)
12/22/09	Hog Island Deli Austin, Tx	$68.34

Purpose of payment (See instructions regarding type of information required.): Staff lunch - Jury weeks

(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 ($)
12/22/09	Michael Lynch. P.O. Box 1748 Austin, TX 78767	$100.00

Purpose of payment (See instructions regarding type of information required.): Cap. Food Reimbursement Bank Contribution. Xmas Staff

(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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