

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

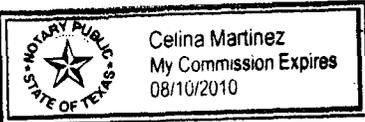
**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME Lipscombe, John	15 ACCOUNT # (Ethics Commission filers) 00012345
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. 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. ..	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

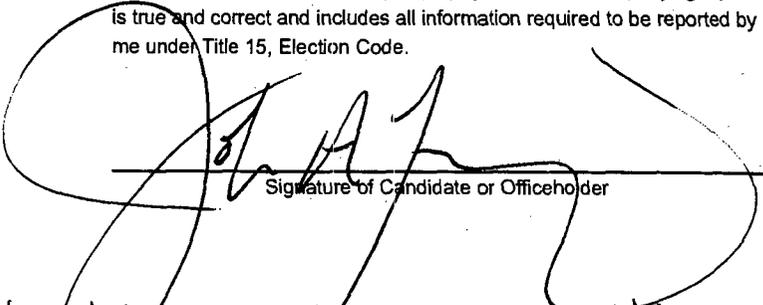
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,003.61
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 31.22
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,910.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



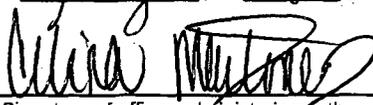
AFFIX NOTARY STAMP / SEAL ABOVE

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 Candidate or Officeholder

Sworn to and subscribed before me, by the said John Lipscombe, this the 15th day of July, 2008, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Celina Martinez

 Print name of officer administering oath

NOTARY PUBLIC

 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 3/13	
2 FILER NAME Lipscombe, John		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 02/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bacon, Jack 6 Contributor address; City; State; Zip Code 1505 W Koenig Ln Austin, TX 78756	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrow, Perry Contributor address; City; State; Zip Code 9207 Amberwood Cove Austin, TX 78759	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brady, Hugh Contributor address; City; State; Zip Code PO Box 13132 Austin, TX 78711	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/7 Report: 4/13	
2 FILER NAME Lipscombe, John		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 02/27/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, John 6 Contributor address; City; State; Zip Code 1601 Rio Grande Ste 405 Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carmona, Edward M. Contributor address; City; State; Zip Code 1301 S IH 35 Ste 304 Austin, TX 78741	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Herbert Contributor address; City; State; Zip Code 1302 W Avenue Ausitn, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/7 Report: 5/13	
2 FILER NAME Lipscombe, John		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 06/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granger and Mueller P.C. 6 Contributor address; City; State; Zip Code 605 W. 10th St Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
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 03/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gutzke, Susan Contributor address; City; State; Zip Code 10711 Misting Falls Trl Austin, TX 78759	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731	Amount of contribution (\$) \$4,016.25	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Travis County Attorney		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/7 Report: 6/13	
2 FILER NAME Lipscombe, John		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 02/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John 6 Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731	7 Amount of contribution (\$) \$4,101.36	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Travis County Attorney		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 06/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Travis County Attorney		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oden, Ken Contributor address; City; State; Zip Code 1506 Gaston Ave Austin, TX 78703	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Linebarger Goggan Blair Sampson		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/7 Report: 7/13	
2 FILER NAME Lipscombe, John		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 02/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reaud & Associates PC 6 Contributor address; City; State; Zip Code 801 Laurel St Beaumont, TX 77701	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
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 05/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan Buckle and Young P.C. Contributor address; City; State; Zip Code 602 W. 11th Street Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm attorney		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheppard Contributor address; City; State; Zip Code 700 Lavaca Suite 1550 Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 6/7 Report: 8/13	
2 FILER NAME Lipscombe, John			3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 02/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shiple, George	7 Amount of contribution (\$) \$500.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 919 Congress Ave Ste 750 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Contributor's principal occupation Consultant		10 Contributor's job title Consultant		
11 Contributor's employer / law firm Shiple & Associates		12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)				
Date 03/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Slivinske, Alec Jr.	Amount of contribution (\$) \$100.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10601 Hastings Ln Austin, TX 78750		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Contributor's principal occupation Professor		Contributor's job title Professor		
Contributor's employer / law firm Austin Community College		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date 04/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spears Jr., Franklin Scott	Amount of contribution (\$) \$250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Barton Oaks Plaza One Suite 420 901 MoPac Expwy S Austin, TX 78746		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Contributor's principal occupation		Contributor's job title Attorney		
Contributor's employer / law firm Arenson and Spears		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/3 Report: 10/13

2 FILER NAME Lipscombe, John

3 ACCOUNT # (Ethics Commission filers)
00012345

4 Date	5 Payee name Austin American-Statesman	7 Amount (\$)
03/05/2008	6 Payee address; City; State; Zip Code PO Box 670 Austin, TX 78767	\$4,016.25

8 Purpose of payment (See instructions regarding type of information required.) Ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Baker, Carson	Amount (\$)
04/25/2008	Payee address; City; State; Zip Code 2208 Colquitt Houston, TX 77098	\$650.00

Purpose of payment (See instructions regarding type of information required.) Website Maintenance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Cates, Andy	Amount (\$)
04/02/2008	Payee address; City; State; Zip Code 501 E Stassney Lane Apt 1010 Austin, TX 78745	\$500.00

Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name French, Estella	Amount (\$)
06/04/2008	Payee address; City; State; Zip Code 3113 Linnet Dr Austin, TX 78745	\$200.00

Purpose of payment (See instructions regarding type of information required.) Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 11/13**2** FILER NAME Lipscombe, John**3** ACCOUNT # (Ethics Commission filers)
00012345

4 Date	5 Payee name	7 Amount (\$)
04/18/2008	Glazer, Matt	\$1,500.00
6 Payee address; City; State; Zip Code 501 E Stassney Lane Apt 1010 Austin, TX 78745		

8 Purpose of payment (See instructions regarding type of information required.)
Consulting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date	Payee name	Amount (\$)
06/04/2008	Kolstad, Laura	\$200.00
Payee address; City; State; Zip Code 7108 Teaberry Dr Austin, TX 78745		

Purpose of payment (See instructions regarding type of information required.)
Consulting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date	Payee name	Amount (\$)
03/11/2008	People Calling People	\$2,226.10
Payee address; City; State; Zip Code 6205 Coit Rd Ste 336-176 Plano, TX 75024		

Purpose of payment (See instructions regarding type of information required.)
Phone calls** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date	Payee name	Amount (\$)
03/11/2008	Prosperity Bank	\$29.00
Payee address; City; State; Zip Code 900 Congress Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.)
Bank Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 12/13**2** FILER NAME Lipscombe, John**3** ACCOUNT # (Ethics Commission filers)
00012345

4 Date 04/09/2008	5 Payee name Prosperity Bank	7 Amount (\$) \$29.00
6 Payee address; City; State; Zip Code 900 Congress Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.)
Bank Fees**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T)

Office sought:

Office held:

Date 04/09/2008	Payee name Prosperity Bank	Amount (\$) \$29.00
Payee address; City; State; Zip Code 900 Congress Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.)
Bank Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T)

Office sought:

Office held:

Date 03/04/2008	Payee name Rindy Miller Media	Amount (\$) \$2,500.00
Payee address; City; State; Zip Code 2401 E 6th St Ste 1003 Austin, TX 78702		

Purpose of payment (See instructions regarding type of information required.)
Ad Time** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T)

Office sought:

Office held:

Date 03/04/2008	Payee name Rindy Miller Media	Amount (\$) \$5,000.00
Payee address; City; State; Zip Code 2401 E 6th St Ste 1003 Austin, TX 78702		

Purpose of payment (See instructions regarding type of information required.)
Ad Time** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T)

Office sought:

Office held:

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' **

Page 13 of 13

1 C/OH NAME Lipscombe, John

2 ACCOUNT # (Ethics Commission filers)

00012345

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