

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

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

15 C/OH NAME John Lipscombe	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

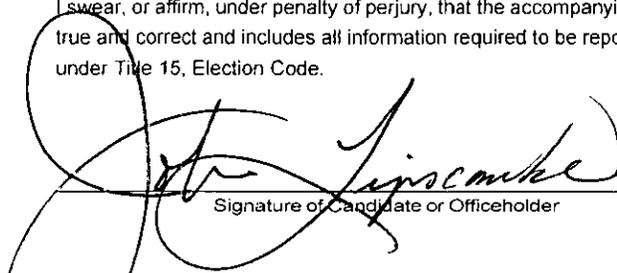
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5285.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17535.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 45686.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8000.00

19 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.

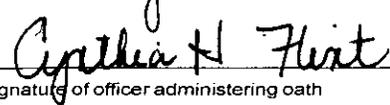


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Lipscombe, this the First day of February, 20 10, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Cynthia H Flint

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 Total pages Schedule A(J): 1 of 7	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/1/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Ann White 6 Contributor address; City; State; Zip Code 12812 Heinemann Drive Austin, TX 78727	7 Amount of contribution (\$) 15.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Disabled		10 Contributor's job title N/A	
11 Contributor's employer/law firm None - disabled		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 1/1/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia A. Budak Contributor address; City; State; Zip Code 14745 Merriltown Dr. Apt. 5525 Austin, TX 78728	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Contributor's principal occupation Retired educator		Contributor's job title Retired	
Contributor's employer/law firm NA		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 1/7/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Milton Gerard Washington Contributor address; City; State; Zip Code 11500 Oak Trail Austin, TX 78753	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Partner	
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)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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 of 7	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/11/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin R. Madison 6 Contributor address; City; State; Zip Code 740 Polo Club Drive Austin, TX 78737	7 Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Judge		10 Contributor's job title Judge	
11 Contributor's employer/law firm Cities of lakeway, Brracliff & Horseshoe Bay & Law office		12 Law firm of contributor's spouse (if any) Law Office of Kevin R. Madison	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Douglass Contributor address; City; State; Zip Code 1211 Creekview Dr. Round Rock, TX 78681	Amount of contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	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 1/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy Ryle Contributor address; City; State; Zip Code 1704 Kinney Oaks Ct Austin, TX 78704	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Firm of Richard Segura		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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): 3 of 7	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/12/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louis Leichter	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 1602 E. 7th Street Austin, TX 78702		(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 Self	12 Law firm of contributor's spouse (if any)

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

Date 1/12/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Chambers	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1104 Nueces St, #208 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Self	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 1/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adelanto Healthcare Ventures	Amount of contribution (\$) 1000.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1407 Washington Street Laredo, TX 78042		(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)

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**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): 4 of 7	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/18/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sam J. Johnson	7 Amount of contribution (\$) 75.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 600 Congress Ave., Suite 1500 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation lawyer		10 Contributor's job title	
11 Contributor's employer/law firm Scott, Douglass & McConnico		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coke Dilworth	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 415 Brady Lane Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Retired		Contributor's job title	
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerry Morris	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 608 W. 12th Ste B Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm EGM Law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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): 5 of 7	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/18/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Dorbandt	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 603 W. 12th St Austin, TX 78701		(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 Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Collier	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1707 Collier Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Lawyer		Contributor's job title Attorney	
Contributor's employer/law firm Law Office of Brenda Collier		Law firm of contributor's spouse (if any) Same	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwinna Gayle Cipriano	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 7903 Bracken Ct Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
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)			

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**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): 6 of 7	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/19/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deane Armstrong 6 Contributor address; City: State: Zip Code 17917 Lafayette Pk. Rd. Jonestown, TX 78645	7 Amount of contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation retired		10 Contributor's job title none	
11 Contributor's employer/law firm retired		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erick Arthur Bovik Contributor address; City: State: Zip Code 10105 Lindshire Lane Austin, TX 78748	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
Contributor's principal occupation Lawyer		Contributor's job title Lawyer	
Contributor's employer/law firm Bovik & Meredith, P.C.		Law firm of contributor's spouse (if any) Bovik & Meredith, P.C.	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/7/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Breland Contributor address; City: State: Zip Code 2901 Sturdevant Wichita Falls, TX 76301	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
Contributor's principal occupation Physical Therapist		Contributor's job title	
Contributor's employer/law firm Breland Physical Therapy		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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): 7 of 7	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/5/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosanne Scott 6 Contributor address; City; State; Zip Code 7307 Jester Blvd Austin, TX 78750	7 Amount of contribution (\$) 20.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Human Resources		10 Contributor's job title	
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 1/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Burke Contributor address; City; State; Zip Code 18410 FM 969 Manor, TX 78653	Amount of contribution (\$) 1250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable) 4x8 Placement (In-kind)
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
(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)			

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
1 of 9

2 FILER NAME
John Lipscombe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/1/2010	Piryx, Inc.	
	6 Payee address; City; State; Zip Code	
	401 W 15th Street Suite 520	0.68
	Austin, TX 78701	

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

Date	Payee name	Amount (\$)
1/1/2010	Piryx, Inc.	
	6 Payee address; City; State; Zip Code	
	401 W 15th Street Suite 520	1.13
	Austin, TX 78701	

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

Date	Payee name	Amount (\$)
1/11/2010	Piryx, Inc.	
	6 Payee address; City; State; Zip Code	
	401 W 15th Street Suite 520	11.25
	Austin, TX 78701	

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

Date	Payee name	Amount (\$)
1/11/2010	Piryx, Inc.	
	6 Payee address; City; State; Zip Code	
	401 W 15th Street Suite 520	1.13
	Austin, TX 78701	

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
2 of 9

2 FILER NAME
John Lipscombe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/9/2010	CheckMark Typesetting	4500.71
	6 Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722	

8 Purpose of payment (See instructions regarding type of information required.) Polybags, 4x8 Signs, Flyer Design (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/9/2010	Worley Printing Co., Inc	701.89
	6 Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722	

Purpose of payment (See instructions regarding type of information required.) Flyers (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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Date	Payee name	Amount (\$)
1/9/2010	RYLO Consulting	2000.00
	6 Payee address; City; State; Zip Code 908 E. 5th St Ste 202 Austin, TX 78702	

Purpose of payment (See instructions regarding type of information required.) Fundraising (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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Date	Payee name	Amount (\$)
1/4/2010	Travis County Democratic Party	1500.00
	6 Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	

Purpose of payment (See instructions regarding type of information required.) Ballot Application (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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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:
3 of 9

2 FILER NAME: John Lipscombe 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/2/2010	Sarah Bryant	110.00
	6 Payee address; City; State; Zip Code 2121 Dickson Dr Apt 223 Austin, TX 78704	

8 Purpose of payment (See instructions regarding type of information required.) Field Staff (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/2/2010	Mary Jane Garza	110.00
	6 Payee address; City; State; Zip Code 600 Dunbury Austin, TX 78723	

Purpose of payment (See instructions regarding type of information required.) Field Staff (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/2/2010	Melissa Cooper	60.00
	6 Payee address; City; State; Zip Code 4304 Rimdale Dr Austin, TX 78731	

Purpose of payment (See instructions regarding type of information required.) Field Staff (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/2/2010	Lesley Ann Crosby	60.00
	6 Payee address; City; State; Zip Code 3204 Manchaca Rd 105 Austin, TX 78704	

Purpose of payment (See instructions regarding type of information required.) Field Staff (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** 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 Total pages Schedule F:
4 of 9

2 FILER NAME
John Lipscombe 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/1/2010	5 Payee name RYLO Consulting 6 Payee address; City; State; Zip Code 908 E. 5th St Ste 202 Austin, TX 78702	7 Amount (\$) 1500.00
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8 Purpose of payment (See instructions regarding type of information required.) Fundraising (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/4/2010	Payee name Elizabeth Proehl Payee address; City; State; Zip Code 2808 Skyway Circle #102 Austin, TX 78704	Amount (\$) 750.00
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Purpose of payment (See instructions regarding type of information required.) Field Director (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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Date 1/4/2010	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	Amount (\$) 750.00
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Purpose of payment (See instructions regarding type of information required.) Sponsorship - JBR (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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Date 1/5/2010	Payee name Mary Jane Garza Payee address; City; State; Zip Code 600 Dunbury Austin, TX 78723	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Field 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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 5 of 9
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2 FILER NAME John Lipscombe	3 ACCOUNT # (Ethics Commission filers)
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4 Date 1/4/2010	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code 510 GUADALUPE ST Austin, TX 78701	7 Amount (\$) 132.00
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8 Purpose of payment (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 1/5/2010	Payee name OfficeMax Payee address; City; State; Zip Code 907 E 5th Austin, TX 78703	Amount (\$) 56.27
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Purpose of payment (See instructions regarding type of information required.) Ink (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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Date 1/19/2010	Payee name Piryx, Inc. Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$) 4.50
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Purpose of payment (See instructions regarding type of information required.) Transaction fee (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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Date 1/19/2010	Payee name Piryx, Inc. Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$) 4.50
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Purpose of payment (See instructions regarding type of information required.) Transaction fee (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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:
6 of 9

2 FILER NAME
John Lipscombe 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/19/2010	5 Payee name Piryx, Inc. 6 Payee address; City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	7 Amount (\$) 1.13
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8 Purpose of payment (See instructions regarding type of information required.) Transaction fee (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/21/2010	Payee name Piryx, Inc. Payee address; City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$) 4.50
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Purpose of payment (See instructions regarding type of information required.) Transaction fee (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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Date 1/21/2010	Payee name U.S. Post Office Payee address; City: State: Zip Code 510 GUADALUPE ST Austin, TX 78701	Amount (\$) 132.00
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Purpose of payment (See instructions regarding type of information required.) Stamps for mailing (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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Date 1/12/2010	Payee name Elizabeth Proehl Payee address; City: State: Zip Code 2808 Skyway Circle #102 Austin, TX 78704	Amount (\$) 750.00
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Purpose of payment (See instructions regarding type of information required.) Field Director (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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 7 of 9
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2 FILER NAME John Lipscombe	3 ACCOUNT # (Ethics Commission filers)
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4 Date 1/12/2010	5 Payee name GNI Strategies 6 Payee address; City: State: Zip Code 908 E. 5th St Ste 114 Austin, TX 78702	7 Amount (\$) 1700.00
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8 Purpose of payment (See instructions regarding type of information required.) Campaign Management/Rent (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/12/2010	Payee name Mary Jane Garza Payee address; City: State: Zip Code 600 Dunbury Austin, TX 78723	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Field 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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Date 1/12/2010	Payee name Melissa Cooper Payee address; City: State: Zip Code 4304 Rimdale Dr Austin, TX 78731	Amount (\$) 50.00
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Purpose of payment (See instructions regarding type of information required.) Field 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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Date 1/12/2010	Payee name Sarah Bryant Payee address; City: State: Zip Code 2121 Dickson Dr Apt 223 Austin, TX 78704	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Field 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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
8 of 9

2 FILER NAME
John Lipscombe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/12/2010	Payee name: Micah King Payee address: City: State: Zip Code 1512 Pennsylvania Ave # A Austin, TX 78702	100.00

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
Field Staff (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
1/18/2010	Payee name: Matt Glazer Payee address: City: State: Zip Code 6606 Woodhue Dr Austin, TX 78745	25.00

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
Reimbursement for Online Ad (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
1/18/2010	Payee name: Micah King Payee address: City: State: Zip Code 1512 Pennsylvania Ave # A Austin, TX 78702	50.00

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
Field Staff (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
1/18/2010	Payee name: Mary Jane Garza Payee address: City: State: Zip Code 600 Dunbury Austin, TX 78723	200.00

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
Field Staff (If travel outside of Texas, complete Schedule T)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:
9 of 9

2 FILER NAME
John Lipscombe 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/18/2010	Sarah Bryant	
	6 Payee address; City; State; Zip Code	50.00
	2121 Dickson Dr Apt 223 Austin, TX 78704	

8 Purpose of payment (See instructions regarding type of information required.) Field Staff (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/21/2010	Staples	
	Payee address; City; State; Zip Code	168.81
	1201 Barbara Jordan Blvd Ste 700 Austin, TX 78723	

Purpose of payment (See instructions regarding type of information required.) Ink for Flyers (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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Date	Payee name	Amount (\$)
1/13/2010	Paul Chambless	
	Payee address; City; State; Zip Code	1250.00
	16900 Fgerquist Rd Del Valle, TX 78617	

Purpose of payment (See instructions regarding type of information required.) Sign Placement (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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Date	Payee name	Amount (\$)
1/4/2010	Eleanor Thompson	
	Payee address; City; State; Zip Code	500.00
	3313 Pecan Springs Austin, TX 78723	

Purpose of payment (See instructions regarding type of information required.) Staff - Field (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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:
1 of 1

2 FILER NAME
John Lipscombe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
1/13/2010	<p data-bbox="365 451 609 478">Austin Bar Foundation</p> <p data-bbox="332 493 820 520">6 Payee address: City: State: Zip Code</p> <p data-bbox="365 525 657 598">816 Congress Ave., Ste. 700 Austin, TX 78701</p> <p data-bbox="332 609 1079 636">7 Purpose of expenditure (See instructions regarding type of information required.)</p> <p data-bbox="365 640 527 667">Austin Bar Gala</p>	150.00
Date	<p data-bbox="365 703 479 730">Payee name</p> <p data-bbox="332 766 820 793">6 Payee address: City: State: Zip Code</p> <p data-bbox="332 882 1079 909">7 Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
Date	<p data-bbox="365 976 479 1003">Payee name</p> <p data-bbox="332 1039 820 1066">6 Payee address: City: State: Zip Code</p> <p data-bbox="332 1155 1079 1182">7 Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
Date	<p data-bbox="365 1249 479 1276">Payee name</p> <p data-bbox="332 1312 820 1339">6 Payee address: City: State: Zip Code</p> <p data-bbox="332 1428 1079 1455">7 Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
Date	<p data-bbox="365 1522 479 1549">Payee name</p> <p data-bbox="332 1585 820 1612">6 Payee address: City: State: Zip Code</p> <p data-bbox="332 1701 1079 1728">7 Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)

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