



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

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

**15 C/OH NAME**  
John Lipscombe

**16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

additional pages

\*\* This box is for notice of political contributions accepted or political expenditures made 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. \*\*

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 16880.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 56904.74
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3787.54
<b>OUTSTANDING LOAN TOTALS</b>	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.

*John Lipscombe*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Cynthia H Flint*  
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 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/26/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betty Blackwell	7 Amount of contribution (\$) 500.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 1306 Nueces 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 1/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert Martinez	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 5105 Suburban Drive Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney	Contributor's job title Criminal Defense Attorney
Contributor's employer/law firm Law Office of Gilbert Martinez	Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)	

Date 1/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Lee Slavin	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1105 Split Oak Cv Pflugerville, TX 78660		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney	Contributor's job title Administrative Services Attorney
Contributor's employer/law firm Department of Aging and Disability Services	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 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/2/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betty Shuvalov 6 Contributor address; City: State: Zip Code 21312 Hogeve P.O. Box 738 Manor, TX 78653	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation Property Manager	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 2/2/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amalgamated Transit Union COPE Account Contributor address; City: State: Zip Code 5025 Wisconsin Ave., NW Washington, DC 20016	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
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(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)

Date 2/3/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas S. David Contributor address; City: State: Zip Code 12212 Las Flores Dr. Austin, TX 78732	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
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(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Engineer	Contributor's job title Engineer
Contributor's employer/law firm Silicon Laboratories	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): 3 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/3/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Turro	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 404 West 13th Street Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation atty		10 Contributor's job title atty	
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 2/3/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) william m gibson	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1403 hilcreat dr, austin, TX 78723-3184		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation FRAUD INVESTIGATOR		Contributor's job title fraud investigator	
Contributor's employer/law firm RETIRED FROM OLD STATE BOARD OF INSURANCE		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2/3/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGinnis, Lochridge & Kilgore, LLP	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 600 Congress Ave, Ste 2100 Austin, TX 78701		(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)			

**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): 4 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/3/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin R Madison	7 Amount of contribution (\$) 50.00	8 In-kind contribution description(if applicable)
	6 Contributor address: City: State; Zip Code 740 Polo Club Dr Austin, TX 78737	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Attorney and Judge	10 Contributor's job title Judge
11 Contributor's employer/law firm Attorney and Judge	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	

Date 2/3/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jopie Smith	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
	Contributor address: City: State; Zip Code 115 Clubhouse Drive Lakeway, TX 78734	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Director/ Training	Contributor's job title Driector of Child Care Resource Center
Contributor's employer/law firm Retired State of Texas	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date 2/4/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John T Barrett	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
	Contributor address: City: State; Zip Code 2909 Glenview Ave Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Lawyer	Contributor's job title Lawyer
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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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): 5 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/5/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Cobos 6 Contributor address; City; State; Zip Code 401 Little Texas Ln. #1210 Austin, TX 78745	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation n/a	10 Contributor's job title n/a
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 2/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria Aleman Contributor address; City; State; Zip Code 3544 Stoutwood Cir Austin, TX 78745	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Court Clerk	Contributor's job title
Contributor's employer/law firm Travis County	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date 2/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Edwards Contributor address; City; State; Zip Code 806 W 11th St Austin, TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Law Office of Stephen B. Edwards	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)	

**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.		<b>1</b> Total pages Schedule A(J): 6 of 25	
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 2/5/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruby Felan	<b>7</b> Amount of contribution (\$) 25.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 1748 Ohlen Road Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	

<b>9</b> Contributor's principal occupation Civil Process Specialist	<b>10</b> Contributor's job title
<b>11</b> Contributor's employer/law firm Travis County	<b>12</b> Law firm of contributor's spouse (if any)

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

Date 2/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole True	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 W. 13th St 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 Garcia and True	Law firm of contributor's spouse (if any)

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

Date 2/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel Gutierrez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 61 N. IH 35 Austin, TX 78702		(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)

**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):  
7 of 25

**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

**4** Date: 2/5/2010  
**5** Full name of contributor: Juan in a Million  out-of-state PAC (ID#: \_\_\_\_\_)  
**6** Contributor address; City; State; Zip Code: 2300 E. Cesar Chavez St Austin, TX 78702

**7** Amount of contribution (\$): 100.00  
**8** In-kind contribution description(if applicable):  
  
(If travel outside of Texas, complete Schedule T)

**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: 2/5/2010  
Full name of contributor: Fernando Martinez  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: 1604 San Antonio St. Austin, TX 78701

Amount of contribution (\$): 100.00  
In-kind contribution description(if applicable):  
  
(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)

Date: 2/5/2010  
Full name of contributor: Cindy Muller  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: 1520 Desert Quail Ln Austin, TX 78758

Amount of contribution (\$): 25.00  
In-kind contribution description(if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Office Manager

Contributor's job title

Contributor's employer/law firm: Travis County

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): 8 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/5/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael & Jeanette Pincus	7 Amount of contribution (\$) 50.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 5605 Bent Creek Trail Dallas, TX 75252		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Dentist	10 Contributor's job title
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11 Contributor's employer/law firm Self	12 Law firm of contributor's spouse (if any)
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13 If contributor is a child, law firm of parent(s) (if any)

Date 2/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luci Ramirez	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1873 Paradise Ridge Dr. Round Rock, TX 78665		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Real Estate	Contributor's job title
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Contributor's employer/law firm Self	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)

Date 2/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aurora Sanchez	Amount of contribution (\$) 20.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 5508 Buffalo Pass Apt. A Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation n/a	Contributor's job title
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Contributor's employer/law firm n/a	Law firm of contributor's spouse (if any)
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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): 9 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/5/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Vargas	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 1106 San Antonio 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 2/8/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Doyle & Kuhn	Amount of contribution (\$) 300.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 603 West Eighth Street Austin, TX 78701		(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)

Date 2/8/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Meza	Amount of contribution (\$) 350.00	In-kind contribution description(if applicable) Food, Products, Use of the Facilities for event
Contributor address; City; State; Zip Code 2300 E. Cesar Chavez Austin, TX 78702		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation owner	Contributor's job title
Contributor's employer/law firm Juan in a Million	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):  
10 of 25

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

<b>4</b> Date 2/8/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alberto Garcia	<b>7</b> Amount of contribution (\$) 200.00	<b>8</b> In-kind contribution description(if applicable)
	<b>6</b> Contributor address; City; State; Zip Code 1715 S. 1st St Austin, TX 78704	(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 2/8/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernabe Arreguin	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable) Products for event
	Contributor address; City; State; Zip Code 8609 1 Street Austin, TX 78748	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation  
Bailliff **10** Contributor's job title

Contributor's employer/law firm  
Travis County **12** Law firm of contributor's spouse (if any)

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

Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Trey Martinez Fischer	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code 600 Navarro St. Ste. 500 San Antonio, TX 78205	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **10** Contributor's job title

Contributor's employer/law firm **12** 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): 11 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/9/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Friends of Trey Martinez Fischer 6 Contributor address: City; State; Zip Code 600 Navarro Street Ste. 500 San Antonio, TX 78205	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 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selena M Alvarenga Contributor address: City; State; Zip Code 5613 Burrough Cv. Austin TX, TX 78745	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)			
Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Luna Contributor address: City; State; Zip Code 8617 Minot Circle Austin, TX 78748	Amount of contribution (\$) 300.00	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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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): 12 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/10/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RON COLDRON	7 Amount of contribution (\$) 25.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 6509 MARBLEWOOD AUSTIN, TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation GEN MGR		10 Contributor's job title GEN MGR	
11 Contributor's employer/law firm FAR WEST OPTICAL		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura McElroy	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 6603 Beauford Drive Austin, TX 78750		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Assistant District Attorney	
Contributor's employer/law firm Travis County District Attorney's Office		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Collier	Amount of contribution (\$) 250.00	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)			

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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): 13 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/10/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dax Ian Garvin	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 812 San Antonio Street Suite 403 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 Law Office of Dax Garvin, P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne & Bill McAfee	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4831 Timberline Dr. Austin, TX 78746-6563		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Retired		Contributor's job title Retired	
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Dunham	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 Guadalupe Street 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 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): 14 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/10/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Runkle	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 4705 Frontier Trail Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Attorney	10 Contributor's job title Partner
11 Contributor's employer/law firm Hotze & Runkle	12 Law firm of contributor's spouse (if any)

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

Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leigh and Glen Gonnet	Amount of contribution (\$) 200.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1300 Guadalupe St Ste 111 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney	Contributor's job title
Contributor's employer/law firm Gonnet Glen Colin	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunter and Bennett	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 600 W. 9th St Austin, TX 78701		(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)	

**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): 15 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/10/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David M. Douglas	7 Amount of contribution (\$) 50.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 6404 Oasis Drive Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation lawyer	10 Contributor's job title Asst. City Attorney
11 Contributor's employer/law firm City of Austin	12 Law firm of contributor's spouse (if any)

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

Date 2/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) john limon	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 908 calle limon austin, TX 78702		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation retired	Contributor's job title retired
Contributor's employer/law firm retired	Law firm of contributor's spouse (if any)

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

Date 2/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer L. Kim	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 755 Oltorf #201 Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Independent Beauty Consultant	Contributor's job title Independent Beauty Consultant
Contributor's employer/law firm Mary Kay Cosmetics	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): 16 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne Langham	7 Amount of contribution (\$) 50.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 9501 Capital of TX Hwy N Ste 102 Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Attorney	10 Contributor's job title
11 Contributor's employer/law firm Wayne A. Langham Attorney at Law	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	

Date 2/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cecilia Burke	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Administrator	Contributor's job title
Contributor's employer/law firm Travis County	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date 2/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret Moore	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 616 Rocky Ledge Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney	Contributor's job title Attorney
Contributor's employer/law firm Texas AG	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): 17 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Denkler 6 Contributor address; City; State; Zip Code 7006 Edgefield Dr. Austin, TX 78731	7 Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description(if applicable)

9 Contributor's principal occupation Planner	10 Contributor's job title
11 Contributor's employer/law firm Travis County	12 Law firm of contributor's spouse (if any)

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

Date 2/12/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doug & Ann O'Connell Contributor address; City; State; Zip Code 6603 Mesa Dr. Austin, TX 78731	Amount of contribution (\$) 250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
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Contributor's principal occupation Attorney	Contributor's job title
Contributor's employer/law firm Travis County Distric Attorney	Law firm of contributor's spouse (if any)

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

Date 2/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) tom nuckols Contributor address; City; State; Zip Code 2910 kassarine pass austin, TX 78704	Amount of contribution (\$) 50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
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Contributor's principal occupation attorney	Contributor's job title assistant city attorney
Contributor's employer/law firm city of austin	Law firm of contributor's spouse (if any) travis county attorney's office

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):  
18 of 25

**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

**4** Date: 2/15/2010  
**5** Full name of contributor: Thomas Esparza  
 out-of-state PAC (ID# \_\_\_\_\_)  
**6** Contributor address; City; State; Zip Code  
1811 S. 1st Street  
Austin, TX 78704

**7** Amount of contribution (\$): 150.00  
**8** In-kind contribution description(if applicable):  
  
(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: 2/16/2010  
Full name of contributor: Dicky Grigg  
 out-of-state PAC (ID# \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
48 East Ave.  
Austin, TX 78701

Amount of contribution (\$): 500.00  
In-kind contribution description(if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
Attorney

Contributor's job title

Contributor's employer/law firm  
Spivey & Grigg

Law firm of contributor's spouse (if any)

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

Date: 2/17/2010  
Full name of contributor: Rick J. Kennon  
 out-of-state PAC (ID# \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
2111 Oakridge Drive  
Round Rock, TX 78681

Amount of contribution (\$): 200.00  
In-kind contribution description(if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
Attorney

Contributor's job title  
Attorney - Partner

Contributor's employer/law firm  
Slater Kennon & Jameson, LLP

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):  
19 of 25

**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

**4** Date  
2/17/2010

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lucius desha bunton

**6** Contributor address: City: State: Zip Code  
6005 Mountain Villa Drive  
Austin, TX 78731

**7** Amount of contribution (\$)  
100.00

**8** In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Contributor's principal occupation  
Attorney

**10** Contributor's job title  
owner

**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  
2/17/2010

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Watson Marmaduke Howell

Contributor address: City: State: Zip Code  
1104 Nueces Street  
Austin, TX 78701

Amount of contribution (\$)  
250.00

In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
Attorney

Contributor's job title  
Attorney & Counselor at Law

Contributor's employer/law firm  
Self-Employed

Law firm of contributor's spouse (if any)

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

Date  
2/17/2010

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mary Helen Howell

Contributor address: City: State: Zip Code  
3718 Steck Avenue  
Austin, TX 78759

Amount of contribution (\$)  
250.00

In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
Retired

Contributor's job title  
Retired

Contributor's employer/law firm  
Retired

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**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A(J): 20 of 25	
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 2/17/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Leavitt	<b>7</b> Amount of contribution (\$) 500.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 1301 Rio Grande Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
<b>9</b> Contributor's principal occupation Self		<b>10</b> Contributor's job title	
<b>11</b> Contributor's employer/law firm Attorney		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			
Date 2/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Around the Clock Bail Bonds	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 82075 Austin, TX 78708		(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)			
Date 2/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callie Langford	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 E Stassney Ln #1137 Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Event and Communications Manager		Contributor's job title Event and Communications Manager	
Contributor's employer/law firm CASA of Travis County		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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):  
21 of 25

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

4 Date 2/18/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Douglass	7 Amount of contribution (\$) 25.00	8 In-kind contribution description(if applicable)
	6 Contributor address; City; State; Zip Code 1211 Creekview Dr. 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 Self	12 Law firm of contributor's spouse (if any)
--	--

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

Date 2/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John A Yeager	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code 1310 Ardenwood Rd. Austin, TX 78722	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation attorney	Contributor's job title John Yeager- Attorney
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Contributor's employer/law firm self	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)

Date 2/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhett Braniff Brian Tillman	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code 708 South Lamar A2 Austin, TX 78704	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorneys at law	Contributor's job title Attorneys at law
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Contributor's employer/law firm Tillman Braniff, PLLC	Law firm of contributor's spouse (if any)
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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): 22 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/18/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael E Kabat	7 Amount of contribution (\$) 25.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 8916 Ovilla Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation attorney		10 Contributor's job title associate	
11 Contributor's employer/law firm McGinnis, Lochridge, & Kilgore LLP		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 2/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley E Hargis	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 4401 Duval Street Austin, TX 78751		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Richard J. Segura, Jr.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 2/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Marie Mims	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P.O. Box 141218 Austin, TX 78714-4121		(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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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):  
23 of 25

**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

**4** Date: 2/19/2010  
**5** Full name of contributor: susan gutzke  
 out-of-state PAC (ID#: \_\_\_\_\_)  
**6** Contributor address; City; State; Zip Code  
10711 misting falls trail  
austin, TX 78759-9489

**7** Amount of contribution (\$): 250.00  
**8** In-kind contribution description (if applicable):  
  
(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: 2/19/2010  
Full name of contributor: Jack Roberts  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
400 W. 15th St. Ste. 320  
Austin, TX 78701

Amount of contribution (\$): 1000.00  
In-kind contribution description (if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Lobbyist

Contributor's job title

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: 2/19/2010  
Full name of contributor: Patrick Watkins  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
9005 Laurel Grove Dr  
Austin, TX 78758

Amount of contribution (\$): 300.00  
In-kind contribution description (if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: President

Contributor's job title

Contributor's employer/law firm: Watkins Insurance Group

Law firm of contributor's spouse (if any)

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

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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): 24 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granger & Mueller PC	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 605 W. 10th Street Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	

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 2/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Taylor	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P.O. Box 1521 Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney	Contributor's job title
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 2/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wade Russell	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 404 W 13th St Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney	Contributor's job title
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): 25 of 25	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Craig 6 Contributor address; City; State; Zip Code 5105 Ridge Oak Dr. Austin, TX 78731	7 Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	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 2/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Fox Contributor address; City; State; Zip Code 404 W. 13th St Austin, TX 78701	Amount of contribution (\$) 100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
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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 2/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne McAfee Contributor address; City; State; Zip Code 4831 Timberline Dr. Austin, TX 78746	Amount of contribution (\$) 35.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
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Contributor's principal occupation writer/researcher	Contributor's job title self-employed
Contributor's employer/law firm Retired	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 EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
1 of 21

**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
1/27/2010	Piryx, Inc.	2.25
	<b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/28/2010	Piryx, Inc.	11.25
	Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	

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	Payee name	Amount (\$)
1/26/2010	Elizabeth Proehl	1000.00
	Payee address; City; State; Zip Code 2808 Skyway Circle #102 Austin, TX 78704	

Purpose of payment (See instructions regarding type of information required.)  Field Director/Operational Bonus (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 (\$)
1/26/2010	Micah King	50.00
	Payee address; City; State; Zip Code 1512 Pennsylvania Ave # A Austin, TX 78702	

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.		<b>1</b> Total pages Schedule F: 2 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  1/26/2010	<b>5</b> Payee name Mary Jane Garza <hr/> <b>6</b> Payee address: City: State: Zip Code 600 Dunbury Austin, TX 78723	<b>7</b> Amount (\$)  150.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Field Staff (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  1/26/2010	Payee name Sarah Bryant <hr/> Payee address: City: State: Zip Code 2121 Dickson Dr Apt 223 Austin, TX 78704	Amount (\$)  100.00
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
Date  1/27/2010	Payee name Paul Chambless <hr/> Payee address: City: State: Zip Code 16900 Fgerquist Rd Del Valle, TX 78617	Amount (\$)  225.00
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
Date  2/3/2010	Payee name Piryx, Inc. <hr/> Payee address: City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  1.13
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.		<b>1</b> Total pages Schedule F: 3 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT# (Ethics Commission filers)
<b>4</b> Date  2/3/2010	<b>5</b> Payee name Piryx, Inc. <hr/> <b>6</b> Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	<b>7</b> Amount (\$)  4.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  2/3/2010	Payee name Piryx, Inc. <hr/> Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  2.25
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
Date  2/3/2010	Payee name Piryx, Inc. <hr/> Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  2.25
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
Date  2/3/2010	Payee name Piryx, Inc. <hr/> Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  2.25
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:  
4 of 21

**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
2/4/2010	Piryx, Inc. 6 Payee address: City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	11.25

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
2/5/2010	Piryx, Inc. Payee address: City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	2.25

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	Payee name	Amount (\$)
2/9/2010	Piryx, Inc. Payee address: City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	4.50

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	Payee name	Amount (\$)
2/10/2010	Piryx, Inc. Payee address: City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	1.13

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.		<b>1</b> Total pages Schedule F: 5 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/10/2010	<b>5</b> Payee name Piryx, Inc.  <b>6</b> Payee address; City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	<b>7</b> Amount (\$)  4.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/10/2010	Payee name Piryx, Inc.  Payee address; City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  2.25
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
Date  2/10/2010	Payee name Piryx, Inc.  Payee address; City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  2.25
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
Date  2/10/2010	Payee name Piryx, Inc.  Payee address; City: State: Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  2.25
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:  
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**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name Piryx, Inc.	<b>7</b> Amount (\$)
2/10/2010	<b>6</b> Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	1.13

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Piryx, Inc.	Amount (\$)
2/11/2010	Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	2.25

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	Payee name Piryx, Inc.	Amount (\$)
2/14/2010	Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	2.25

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	Payee name Piryx, Inc.	Amount (\$)
2/17/2010	Payee address: City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	9.00

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.		<b>1</b> Total pages Schedule F: 7 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 2/17/2010	<b>5</b> Payee name Piryx, Inc. <hr/> <b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	<b>7</b> Amount (\$)  4.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/17/2010	Payee name Piryx, Inc. <hr/> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  11.25
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
Date 2/17/2010	Payee name Piryx, Inc. <hr/> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  11.25
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
Date 2/18/2010	Payee name Piryx, Inc. <hr/> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  1.13
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.		<b>1</b> Total pages Schedule F: 8 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/18/2010	<b>5</b> Payee name Piryx, Inc. <hr/> <b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	<b>7</b> Amount (\$)  1.13
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  2/18/2010	Payee name Piryx, Inc. <hr/> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  4.50
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
Date  2/18/2010	Payee name Piryx, Inc. <hr/> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  2.25
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
Date  2/18/2010	Payee name Piryx, Inc. <hr/> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  1.13
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:  
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**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
2/18/2010	Piryx, Inc.	
	<b>6</b> Payee address: City: State: Zip Code	
	401 W 15th Street Suite 520	2.25
	Austin, TX 78701	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> ** 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 (\$)
2/18/2010	Piryx, Inc.	
	Payee address: City: State: Zip Code	
	401 W 15th Street Suite 520	2.25
	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 (\$)
2/19/2010	Piryx, Inc.	
	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 (\$)
2/19/2010	Piryx, Inc.	
	Payee address: City: State: Zip Code	
	401 W 15th Street Suite 520	1.58
	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:  
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**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
2/15/2010	Payee name Callie Langford Payee address; City; State; Zip Code 501 E. Stassney Ln 1137 Austin, TX 78745	125.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Photography (If travel outside of Texas, complete Schedule T)	<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
2/15/2010	Payee name Austin Chronicle Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765	602.00

Purpose of payment (See instructions regarding type of information required.)  3x8 Advertisement (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 (\$)
2/16/2010	Payee name Amy Smith Payee address; City; State; Zip Code 4405 Ave A # 25 Austin, TX 78751	300.00

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	Payee name	Amount (\$)
2/16/2010	Payee name Micah King Payee address; City; State; Zip Code 1512 Pennsylvania Ave # A Austin, TX 78702	75.00

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:  
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2 FILER NAME  
John Lipscombe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
2/16/2010	Sarah Bryant	
	6 Payee address; City; State; Zip Code	150.00
	2121 Dickson Dr Apt 223 Austin, TX 78704	

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

Date	Payee name	Amount (\$)
2/16/2010	iGnite Consulting	
	6 Payee address; City; State; Zip Code	8091.52
	4032 S. Lamar Ste 500 Austin, TX 78704	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b>
Direct Mail Piece (If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
2/16/2010	Ariel Coleman	
	6 Payee address; City; State; Zip Code	75.00
	2808 Skyway Circle Apt 102 Austin, TX 78704	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b>
Field Staff (If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
2/16/2010	William Jones	
	6 Payee address; City; State; Zip Code	150.00
	2401 S lake Shore Blvd 12-107 Austin, TX 78741	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b>
Field Staff (If travel outside of Texas, complete Schedule T)	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:  
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2 FILER NAME  
John Lipscombe

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
2/16/2010	James Finlay 6 Payee address; City; State; Zip Code 5007 A Cottonwood Cir Austin, TX 78723	225.00

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 (\$)
2/16/2010	Samuel Bean Payee address; City; State; Zip Code 2604 Paramount Ave Austin, TX 78704	75.00

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	Payee name	Amount (\$)
2/16/2010	Tsoke "Chuck" Adjavon Payee address; City; State; Zip Code 916 Rochester Castle Way Pflugerville, TX 78660	75.00

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	Payee name	Amount (\$)
2/16/2010	Charles Baker Payee address; City; State; Zip Code 3107 E 13th Austin, TX 78702	100.00

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.		<b>1</b> Total pages Schedule F: 13 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/17/2010	<b>5</b> Payee name La Prensa  <b>6</b> Payee address; City; State; Zip Code P.O. Box 6504 Austin, TX 78702	<b>7</b> Amount (\$)  400.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Quarter Page Ad (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/16/2010	Payee name Elizabeth Proehl  Payee address; City; State; Zip Code 2808 Skyway Circle #102 Austin, TX 78704	Amount (\$)  1000.00
Purpose of payment (See instructions regarding type of information required.)  Field Director/Operational Bonus (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/17/2010	Payee name Rindy Miller Media  Payee address; City; State; Zip Code 2401 E. 6th Street Ste 1003 Austin, TX 78702	Amount (\$)  6500.00
Purpose of payment (See instructions regarding type of information required.)  Media Buy (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/12/2010	Payee name Jesse Atkins  Payee address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723	Amount (\$)  120.00
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: 14 of 21
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)
4 Date  2/20/2010	5 Payee name KCZ Consulting, Inc. ..... 6 Payee address; City; State; Zip Code 2720 Lightfoot Dr. Baltimore, MD 21209	7 Amount (\$)  250.00
8 Purpose of payment (See instructions regarding type of information required.)  Polling/Consulting (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  2/20/2010	Payee name Jim Ranes ..... Payee address; City; State; Zip Code 1501 Barton Spring Rd #233 Austin, TX 78704	Amount (\$)  124.95
Purpose of payment (See instructions regarding type of information required.)  Advertisement Design (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/9/2010	Payee name Sarah Bryant ..... Payee address; City; State; Zip Code 2121 Dickson Dr Apt 223 Austin, TX 78704	Amount (\$)  150.00
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
Date  2/10/2010	Payee name Micah King ..... Payee address; City; State; Zip Code 1512 Pennsylvania Ave # A Austin, TX 78702	Amount (\$)  75.00
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.		<b>1</b> Total pages Schedule F: 15 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/10/2010	<b>5</b> Payee name William Liu  <b>6</b> Payee address; City; State; Zip Code 5800 Techni Center Dr # 235 Austin, TX 78721	<b>7</b> Amount (\$)  150.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Field Staff (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/10/2010	Payee name Amy Smith  Payee address; City; State; Zip Code 4405 Ave A # 25 Austin, TX 78751	Amount (\$)  150.00
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
Date  2/10/2010	Payee name Samuel Bean  Payee address; City; State; Zip Code 2604 Paramount Ave Austin, TX 78704	Amount (\$)  150.00
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
Date  2/10/2010	Payee name Baker Donnelly  Payee address; City; State; Zip Code 6340 FM 621 Martindale, TX 78655	Amount (\$)  75.00
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.		<b>1</b> Total pages Schedule F: 16 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 2/10/2010	<b>5</b> Payee name Tsoke "Chuck" Adjavon  <b>6</b> Payee address; City; State; Zip Code 916 Rochester Castle Way Pflugerville, TX 78660	<b>7</b> Amount (\$)  75.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Field Staff (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/15/2010	Payee name GNI Strategies  Payee address; City; State; Zip Code 908 E. 5th St Ste 114 Austin, TX 78702	Amount (\$)  1700.00
Purpose of payment (See instructions regarding type of information required.)  Campaign Management/Rent (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/10/2010	Payee name James Finlay  Payee address; City; State; Zip Code 5007 A Cottonwood Cir Austin, TX 78723	Amount (\$)  75.00
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
Date 2/10/2010	Payee name Charles Baker  Payee address; City; State; Zip Code 3107 E 13th Austin, TX 78702	Amount (\$)  175.00
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.		<b>1</b> Total pages Schedule F: 17 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/10/2010	<b>5</b> Payee name Andy Janway  <b>6</b> Payee address; City; State; Zip Code 3107 E 13th St Austin, TX 78702	<b>7</b> Amount (\$)  75.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Field Staff (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/8/2010	Payee name James Burke  Payee address; City; State; Zip Code 18410 FM 969 Manor, TX 78653	Amount (\$)  440.05
Purpose of payment (See instructions regarding type of information required.)  Reimbursement for 4x8 Supplies (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/5/2010	Payee name Villager  Payee address; City; State; Zip Code 1223 A Rosewood Ave Austin, TX 78702	Amount (\$)  504.00
Purpose of payment (See instructions regarding type of information required.)  Quarter Page Ad (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/10/2010	Payee name Ariel Coleman  Payee address; City; State; Zip Code 2808 Skyway Circle Apt 102 Austin, TX 78704	Amount (\$)  312.35
Purpose of payment (See instructions regarding type of information required.)  Reimbursement for Phones (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.		<b>1</b> Total pages Schedule F: 18 of 21
<b>2</b> FILER NAME John Lipscombe		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/10/2010	<b>5</b> Payee name Opinion Analysts  <b>6</b> Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701	<b>7</b> Amount (\$)  826.22
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Data (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/9/2010	Payee name Xtra  Payee address; City; State; Zip Code 1105 East 6th Street Austin, TX 78702	Amount (\$)  400.00
Purpose of payment (See instructions regarding type of information required.)  Advertisement (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/12/2010	Payee name iGnite Consulting  Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Austin, TX 78704	Amount (\$)  15265.50
Purpose of payment (See instructions regarding type of information required.)  Direct Mail (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/2/2010	Payee name Eleanor Thompson  Payee address; City; State; Zip Code 3313 Pecan Springs Austin, TX 78723	Amount (\$)  500.00
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:  
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**2** FILER NAME  
John Lipscombe

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
2/2/2010	Sarah Bryant	
	<b>6</b> Payee address; City; State; Zip Code	150.00
	2121 Dickson Dr Apt 223 Austin, TX 78704	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Field Staff (If travel outside of Texas, complete Schedule T)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
2/2/2010	Micah King	
	Payee address; City; State; Zip Code	150.00
	1512 Pennsylvania Ave # A Austin, TX 78702	

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	Payee name	Amount (\$)
2/3/2010	RYLO Consulting	
	Payee address; City; State; Zip Code	1500.00
	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 (\$)
2/5/2010	iGnite Consulting	
	Payee address; City; State; Zip Code	767.79
	4032 S. Lamar Ste 500 Austin, TX 78704	

Purpose of payment (See instructions regarding type of information required.)  Card Design and Production (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: 20 of 21

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

<b>4</b> Date 2/12/2010	<b>5</b> Payee name Rindy Miller Media <b>6</b> Payee address; City; State; Zip Code 2401 E. 6th Street Ste 1003 Austin, TX 78702	<b>7</b> Amount (\$) 12500.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Media (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/2/2010	Payee name Tsoke "Chuck" Adjavon Payee address; City; State; Zip Code 916 Rochester Castle Way Pflugerville, TX 78660	Amount (\$) 75.00
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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 2/2/2010	Payee name Samuel Bean Payee address; City; State; Zip Code 2604 Paramount Ave Austin, TX 78704	Amount (\$) 150.00
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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 2/2/2010	Payee name Baker Donnelly Payee address; City; State; Zip Code 6340 FM 621 Martindale, TX 78655	Amount (\$) 150.00
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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:  
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2 FILER NAME  
John Lipscombe 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name George Basham	7 Amount (\$)
2/2/2010	6 Payee address; City; State; Zip Code 6340 FM 621 Martindale, TX 78655	225.00

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 Jonathon Pritchard	Amount (\$)
2/2/2010	Payee address; City; State; Zip Code 500 E. Stassney Ln Apt 1221 Austin, TX 78745	50.00

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	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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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# 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)

<b>4</b> Date  2/10/2010	<b>5</b> Payee name Austin Pizza	<b>8</b> Amount (\$)  30.25
	<b>6</b> Payee address; City: State; Zip Code 1817 South Lamar Boulevard Austin, TX 78704	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Pizza for Staff	

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

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

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

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

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