

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

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

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

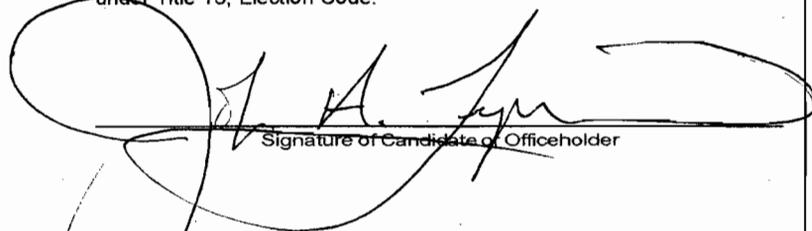
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3124.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Lipscombe, this the twenty-fifth day of October, 2010, 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 1

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

4 Date 10/8/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Oliver Grigson	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
	6 Contributor address; City; State; Zip Code 603 Westlake Dr. Austin, TX 78746	(If travel outside of Texas, complete Schedule T)	

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

11 Contributor's employer/law firm
Law Office of Charles O. Grigson **12** Law firm of contributor's spouse (if any)

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

Date 10/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen M. Sonleitner	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code 1712 Pasadena Drive Austin, TX 78757	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation
deputy auditor Contributor's job title

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

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	(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.